POSITIVE IMPACT'S RISK REDUCTION PROGRAM CURRICULUM

The overall objective of Positive Impact's Risk Reduction program is to work with clients who are identified HIV+ or are at high risk for HIV and/or other sexually transmitted infections. For those who are infected with HIV, support will be provided for the reduction in unsafe sexual practices and/or needle sharing behaviors as well as a focus on increased communication and negotiation skills with regard to disclosure and safer sex. In order to effectively implement this intervention, will be essential to interface with other agencies in metropolitan Atlanta to provide a "stop-gap" service to those who are at highest-risk and who could benefit from in-depth prevention work.

The intervention will focus on issues essential to reducing the client's risk of participating in behaviors likely to result in HIV re-infection or transmission. Some of these issues will be related to **setting boundaries, gender roles, honoring differences, coping skills, and recovery and safer sex.** This will help to create a sense of community to raise the consciousness, enhance pride, increase support, share experiences, and promote the welfare of all participants.

Prior to the first session, the Risk Reduction Counselor and/or intern will encourage clients to set up ground rules the beginning of the first session. This allows everyone to know what is appropriate to do and say. The purpose of this is to enhance the client's comfort level, and to ensure safety within the group so clients may share more openly. The clients will need to come to agreement on all the rules.

- ✓ Ground Rules that may be considered:
- ✓ Confidentiality
- ✓ Respect for others' opinion and ideas
- ✓ Respect each other's sexual habits
- ✓ Commitment
- ✓ Timeliness
- ✓ Participation
- ✓ Completion of assignments
- ✓ Being non-judgmental

(SESSION 1): Overview of intervention and the administration of Pre-test Sexual Behavior Inventory

Discussion: HIV 101, Negotiation skills

Clients will discuss the disease process and the impact it has on the body. They will learn negotiation skills to promote safe sex decision-making. Clients will participate in role-playing to demonstrate techniques of safe negotiation and disclosure. Clients will be given alternative resources to assist them when making the decision to negotiate or disclose.

(SESSION 2): Discussion: Behavior Modification

Clients will discuss the importance of how gender may be viewed socially and the impact this may have on behavior. They will explore the issue of how self-value and self-esteem may play a role in destructive behavior and decision making. Clients will be given tools such as meditation, relaxation, and exercise techniques to assist in building positive self esteem and self-worth.

(SESSION 3): Discussion: Self-Esteem

Clients will discuss their differences and likenesses and process what it feels like as they honor who they are in their lives. They will learn how to acknowledge that past experiences may play a role in addictive behaviors. They will learn how to embrace diversity as it relates to culture, sex, and race. The purpose is to empower clients to create change so they may develop healthy attitudes as it relates to substance abuse and HIV.

(SESSION 4): Discussion: Coping skills

Clients will discuss how HIV/AIDS affects the body, the interaction of medications, and the importance of medication compliancy. Clients will learn the stages of grief according Ross and the role this may play in behavior. Role-plays will be performed to encourage clients to verbalize how their life and relationships have changed and work to develop positive coping skills. Clients will be encourage to access mental health counseling to assist in further developing of these skills.

(SESSION 5): Discussion: Safer Sex

Clients will be introduced to safer sex techniques to assist in healthy decision making. They will learn the adverse affects of drugs and alcohol as it relates to decision making and the disease process. They will be encouraged to develop and utilize plan of action when in compromising situations through role-plays. Safe sex kits, which contain condoms, dental dams, flavored condoms/lube, and other safe sex materials, will be distributed.

Administration of Post Sexual Behavioral Inventory and Certificate of Completion

SESSION 1: HIV/AIDS 101: THE BASICS

Clients will learn more about transmission, reinfection, and the disease process.
Clients will learn about the risk associated with specific sexual acts and needle use.

Goals:

- To enhance clients knowledge about HIV and he disease process
- To increase knowledge about basic risk reduction techniques
- To increase knowledge about reinfection and how it relates to their disease
- To assess knowledge about the degree of risk behaviors

Activities:

- Facilitators provide program overview and purpose
- Introductions of PI Staff (Risk Reduction Counselor and/or Intern)
- Create ground rules and participant expectations
- Facilitator gives presentation that covers the definition of HIV and AIDS; modes of transmisssion; basic risk reduction techniques; testing; and the disease process
- Facilitator hands out activities assessment sheet (How Risky Is It?) and participants use it to evaluate risk of specific behaviors
- Participants share their answers and explain their risk ratings. With each activity, facilitator has 2-3 participants compare their ratings. Facilitator helps participants determine how to reduce risks associated with each activity

Materials:

Old List *Distribute personal value and self-esteem worksheet.Sexual Behavioral Inventory, HIV curriculum, STD pamphlet,*
Articles on: "Safer Sex Guidelines," "Rethinking Re-Infection: If You're Already HIV- Positive, Is there Any Point in Using Condoms?"

SESSION 2: ACCEPTANCE AND DISCLOSURE

This session will address the issue of self-love and self-protection and how this may play a role in behavior. Clients will discuss the importance of coming to terms with their HIV status, depersonalizing rejection, and discovering safe ways of disclosing to their partner(s), family, friends, work, etc.

Goals:

- To provide clients accurate and factual information on disclosing to potential sex and needle sharing partners in a safe and supportive environment
- Increase client's ability to engage in health-promoting decision-making concerning safer sex

– Actions

Old Materials

Activities and Materials:

Reading of positive affirmation and handout given. Review disclosure laws and give legal resources to clients. Self-esteem and self-worth pamphlets handouts distributed.

Discuss and handout fact sheet: *"Levels of Risk of Sexual Behaviors According to Current Knowledge*" Articles: *"Disclosure: Who should I tell?,"* and "*Making the decision to disclose your status."* After discussion, process with clients some issues/concerns they may have encountered as it relates to disclosure to potential sex partner(s), family, friends, etc and views on gender and the role this plays in behavior.

At the conclusion, have group process their feelings relating to the discussion.
Also, distribute *Cost Benefit Analysis Worksheet* for clients to complete as homework for **Session 3: "Gender Specific Issues."** Clients should be able to talk about their goals and expectations then discuss with group.

SESSION 3: SELF-ESTEEM or Back To The Center

Participants will learn how to exercise self-care and self-appreciation practices and rituals in order to support emotional and psychological balance. Participants will discuss difficulties/challenges to setting boundaries in relation to self-care and addictive behaviors. They will better understand the correlation between how they feel about themselves, their decision-making and behaviors.

Goals:

- To enhance clients ability to maintain level of self-care and self-appreciation in order to support healthy behavior choices
- To help clients identify how gender roles and power dynamics in their relationships affect their behaviors.
- To support clients in identifying barriers to having healthy, safe, sexual relationships.

Actions + handouts

Materials:

Warning Signals Worksheet***

After demonstration and discussion has concluded, distribute handouts on *"Safer Sex Practices" and "What is Safer Sex"* for clients to have for further information. ***

At the conclusion, have group process their feelings relating to the discussion and allow additional opportunity for peer mentor to share if necessary.

***Do we need these materials? What can we use to replace them?

SESSION 4: TRIGGERS AND TRIGGER MANAGEMENT

Participants will increase their understanding of the correlation between situations, moods, people, and locations (triggers) and their high risk behaviors. They will learn how to develop and implement skills and plans to maintain healthy behaviors by managing their triggers. The purpose is to support clients in creating change so they may develop healthy attitudes and coping skills as it relates to substance abuse and HIV.

Goals:

- To help participant identify triggers and understand how they influence decision-making
- To assist the client in developing coping and managing skills to negotiate safer sex.

Activities:

1. Have participants write or talk about their risky behaviors
2. Participants list by category the moods, situations, locations, actions and persons may prompt those behaviors.
3. Participants identify action plans i.e., ways in which they can either avoid or work through their triggers
4. BREAK
5. Participants identify barriers that may hinder their action plans.
6. Participants develop backup strategies to work through barriers and achieve their goals.
7. Participants assess their action plans (i.e., how realistic are these plans? are participants really able to implement them?)

SESSION 5: SAFER SEX & OTHER RISK REDUCTION STRATEGIES

Goals:

- To provide clients with accurate and factual information on understanding HIV and treatment and its relation to substance use and the importance of maintaining recovery.

Objectives:

- To enhance client's knowledge of HIV treatments, mental health, and substance use.
- To identify the skills needed in choosing safer sex as a method of disease prevention
- Increase client's ability to negotiate about safer sex
- To develop more positive attitudes toward using condoms

Activities:
Risk Reduction Counselor and/or Intern will show video on "HIV treatment issues" (courtesy of Glaxo SmithKline) if site does not have TV/VCR, then utilize Agouron/Pfizer's "It's Just Like Me" teaching model will be used.

At the conclusion of video and/or model, have clients process the information they've reviewed.

Materials:
Risk Reduction Counselor and/or Intern will demonstrate the proper use of the male/female condoms and dental dams. Let those who are comfortable demonstrate (it would be useful to go around the room to see who is having difficulty using them appropriately). Handout fact sheets on *"Taking AIDS Drugs the Right Way" "Dealing with Drug Side Effects," "Mental Health," "Recreational Drugs and HIV."*

→ Outline of Actions

SESSION 6: Administration of Post Sexual Behavioral Inventory and Certificate of Completion

Goals:

- Have exit interview with clients and recommend for further therapy, individual and/or group, as well as Peer Mentor contact, if applicable.

Objectives:

- Triage clients into ongoing therapy support group and/or individual therapy at Positive Impact.

Activities and Materials:

Risk Reduction Counselor and/or intern will distribute post sexual behavior inventory, distribute and discuss exit interview form to clients for the purpose of facilitating triage into Positive Impact's individual and/or other group therapy.
Lastly, clients will receive program certificates of completion.

Tools to be used in sessions:

- ➢ Beginning of each session open with positive affirmation from african priciples and a poem of +affirmation. Iyanla vanzant, jovan, and miracle of life books to be used.

- Ground rules: get a ball and no talking unless u have the ball. Respect each other at all times and what the person is saying. No such thing as a stupid, dumb, or unnecessary question.
- What is self esteem definition from adolescent curriculum
- Binders for each individual with name on front. Each section will have a heading ie, session 1 hiv 101. Each sections materials will be distributed during session

HIV 101 Pre-Test

1. HIV stands for
   a. Human Immunodeficiency virus
   b. Health Interest and Vitality
   c. Human Immune Vitamin
2. Which population has increased in the number of HIV cases
   a. men
   b. children
   c. women
3. Reasons to consider disclosing to friends, family, and partners is
   a. to create a positive support system
   b. to provide education to further decrease the spread of HIV
4. Which of the following is a mode of transmission of HIV?
   a. sharing injection drugs
   b. having unprotected sex
   c. both a and b
5. A positive HIV test means a person
   a. will get AIDS within the next five years
   b. is infected with HIV
   c. has AIDS
6. Which of these fluids contain HIV
   a. blood
   b. semen
   c. both a and b
7. A person is required by law to inform their partners of their infection
   a. true
   b. false
8. Taking medications can cure HIV
   a. true
   b. false
9. Which one of these STDs (sexually transmitted diseases) ***can*** be cured
   a. herpes
   b. syphilis
   c. HIV
10. Sexually Transmitted Diseases can be transmitted through casual contact
    a. True
    b. False

Behavior Modification Pre-Test

1. You should practice safe sex
    a. only if your partner is negative
    b. always
    c. only if your partner is positive
2. If a person wants to have unprotected sex
    a. you insist on using a condom
    b. you take the chance, after all they must know what they are doing
    c. you encourage them to do other sexual things
3. Once you have had unprotected sex with someone you
    a. continue to take a chance
    b. can start to use a condom
    c. stop seeing them
4. Under the influence of drugs/alcohol I am most likely to
    a. make sound decisions about sex
    b. make decisions about sex that I would regret
    c. not participate in any sexual behavior
5. Gay men are very reckless when it comes to sex
    a. true
    b. false
6. If a person uses a condom, then this means you can't trust them.
    a. true
    b. false
7.

Self Esteem Pre-Test

Coping Skills Pre-Test

Safer Sex Pre-Test

Session 1 Outline

I. Open session
  a. Distribute materials to be used during sessions. Inform clients to bring/use materials throughout the five week period
    1. binders/journals
    2. pens/pencils
    3. handouts/literature on HIV, curriculum, disclosure laws, confidentiality, and safe sex kits
  b. Read opening proverb as a group
  c. Distribute Pre-Test to be taken during the following exercises

II. Introduction
  a. Introduce staff person and give brief history of agency
  b. Discuss the goal/importance of the risk reduction program
  c. Get acquainted session (to allow participants and staff to get to know each other)

III. Development of Ground Rules & Expectations
  a. Go over ground rules with participants and allow them to have input in the development of additional rules
  b. Display ground rules to use for reference throughout sessions and enclose a copy in front of binder
  c. Inform clients of consequences of continuously breaking rules

IV. Setting boundaries
  a. HIV/AIDS education presentation (not including safer sex demonstration) with emphasis on infecting others/reinfection
  b. Ask clients to discuss what does it mean to set boundaries
  c. How can this be effective in their lives w/w-out HIV
  d. Discuss the meaning of disclosure and it's relevance to spreading HIV and reinfection
  e. Set up role-plays with participants
  f. Assist participants in developing positive plans of action when in difficult situations relative to disclosing or safer sex
  g. At the end of each session give homework encouraging participants to write thoughts/feelings about today's session and the affect/effect it had on them. If they have a partner have them discuss it with them and write the response

Session 2 Behavior Modification

I. Open
   a. Distribute materials to be used during session
   b. Read opening proverb as a group
   c. Distribute Pre-Test

II.

WELCOME

A RISK REDUCTION PROGRAM BASED UPON A PATH OF PEOPLE EMBRACING RECOVERY

You are invited to become part of the collective wisdom and healing force of people embracing and caring for themselves. This is a support group for reducing the risk of self harm and harm to others in relation to using drugs and sex as a way of getting our needs met.

We are using a collection of concepts based upon information designed to help people who have been affected by addiction, co-dependency, and internalized hatred. The group will focus on unhealthy behaviors that we may engage in as a result of what we have been taught, our environments, or because of a society that does not fully embrace who we are. These sessions are designed to empower people to find their own voices, sources of strength, and to discover their spirituality.

The goal of the program is to give individuals the safety to tell their stories, embrace their strengths and to set goals to develop coping skills that will enhance areas of their lives.

The facilitator is here to help guide you through the process of the program. Everyone will be treated with respect and dignity and will be asked to do so of others in the group.

GROUND RULES

1. Start on time, End on time.

2. There are no ***Right or Wrong*** answers.

3. Everyone has the right to PASS on a question.

4. Confidentiality: People may talk about what they are learning in the group, but not about other people. What is said in the room stays in the room. The level of trust in the group depends upon it.

5. Respect each others opinions, ideas, sexual orientation, and sexual habits.

6. Commitment: If you give the program a chance you will find some of the material helpful. You won't know this if you don't come with an open mind. Take what you can use and leave the rest but we would rather you pass it on. Remember knowledge is power.

7. NO Cross Talk: ONLY THE PERSON WITH THE BALL CAN TALK. Listen and learn from the thoughts, feelings, and experiences of group members. Before and after the meeting you may talk to each other and share your feelings.

8. We are here to have fun and you can help with this by participating. What you have to say is important. This also involves completing homework assignments. (if you are having difficulty with this please tell the facilitator)

9. We are here to support and build self-esteem. This does not involve being mean or judgmental.

10. TCOY: (Take Care Of Yourself) We are here to enhance your quality of life. If you need something from us please let us know, this is your group and we want you to feel comfortable.

11. At least once during the session we will say something nice to someone else. Remember a smile never hurt anyone and may help everyone.

Session 1

HIV 101 and NEGOTIATION SKILLS

One day, my soul just opened up
and things started happenin'
things I can't quite explain
I mean
I cried and cried like never before
I cried tears of ten thousand mothers
I couldn't even feel anything because
I cried 'til I was numb.

One day, my soul just opened up
I felt this overwhelming pride
what I was proud of
only GOD knows!
Like the pride of a hundred thousand fathers
basking in the glory of their newborn sons
I was grinnin' from ear to ear!

One day, my soul just opened up
I started laughing
and I laughed for what seemed like forever
wasn't nothin' particularly funny goin' on
but I laughed anyhow
I laughed the joy of a million children playin'
in the mud
I laughed 'til my sides ached

Oh God! It felt so good!

One day, my soul just opened up
There were revelations, annihilations, and resolutions
feelings of doubt and betrayal, vengeance and forgiveness
memories of things I'd seen and done before
of places I'd been, although I didn't know when
there were lives I'd lived
people I'd loved
battles I'd fought
victories I'd won
and wars I'd lost.

One day, my soul just opened up
and out poured all the things
I'd been hiding
and denying
and living through
that had just happened moments before

One day, my soul just opened up
and I decided
I was good and ready!
I was good and ready
to surrender
my life
to God.

So, with my soul wide open,
I sat down
wrote Her a note
and told her so.

Gemmia L. Vanzant

MEDITATION JOURNAL

1. After reading today's commentary, I realize

2. The key phrase(s) I want to remember and work with today are

3. I was not able to meditate today because

4. When I can't meditate I feel

5. When I meditated I felt

6. The reason's I should meditate are

Self Assessment:

1. What is it about you that makes you feel bad/good about yourself.

2. How does this relate to your intimate relationships. When are you feeling empowered and when are you feeling weak.

3. Explore some ways of taking care of yourself to assist in you feeling empowered.

Session 2

Self-Esteem

In the infinity of life where I am,
All is perfect, whole, and complete.
Change is the natural law of my life. I welcome change.
I am willing to change. I choose to change my thinking.
I choose to change the words I use.
I move from the old to the new with ease and with joy.
It is easier for me to forgive than I thought.
Forgiving makes me feel free and light.
It is with joy that I learn to love myself more and more.

The more resentment I release, the more love I have to express.
Changing my thoughts makes me feel good.
I am learning to choose to make today a pleasure to experience.
All is well in my world.

Deserving Your Good

Do you believe that you deserve to have your desire? If you don't, you won't allow yourself to have it. Circumstances beyond your control will crop up to frustrate you.

Exercise: I Deserve

Look in your mirror again, and say, "I deserve to have or be ________________________, and I accept it now." Say it two or three times.

How do you feel? Always pay attention to your feelings, to what is going on in your body. Does it feel true, or do you still feel unworthy?

If you have any negative feelings in your body, then go back to affirming, "I release the pattern in my consciousness that is creating resistance to my good." I deserve ___________________________."

Repeat this until you get the acceptance feelings, even if you have to do it several days in a row.

Session 3

BEHAVIOR MODIFICATION

Behavior modification scenarios

1. Larry the Lover:

Larry goes out on a date with Sybil. They go to an expensive restaurant, movie, and then out for a cup of coffee. Larry takes Sybil back to his apartment. He lights some candles, plays some sexy jazz music, and pours the wine. Things start to get pretty heated up and could get out of control. Sybil stops Larry right in the middle of a kiss and starts to open her mouth to say something. Larry says “I got you covered”. Although that’s not what she wanted to say to him, she relaxes back on the couch anyway.

Questions:

1. Do you think Sybil behaves differently when she is under the influence of alcohol.
2. Do you think Sybil should have disclosed her HIV status? Since Larry said what he said should she not worry about it cause they will use a condom?
3. How could Sybil have planned this night differently.
4. How should Sybil tell Larry about her HIV status.

2. Kevin has decided to inform his family of his HIV status. Kevin comes from a very religious family and out of the five siblings he is the only one that is gay. His family has never acknowledged his homosexuality or his HIV status. Kevin has had several bouts with substance abuse and depression. His family is aware of these hospitalizations.

POSITIVE IMPACT'S RISK REDUCTION PROGRAM CURRICULUM

The overall objective of Positive Impact's Risk Reduction program is to work with clients who are identified HIV+ or are at high risk for HIV or other sexually transmitted infections. These clients are also in early recovery from chemical dependency/alcoholism. In order to effectively implement this program, it is essential to interface with other agencies in metropolitan Atlanta to provide a "stop-gap" service to those who are at high-risk and who could benefit from in-depth prevention work.

The intervention will focus on issues essential in reducing the client's risk of participating in behaviors likely to result in HIV re-infection or transmission. It will help in creating a sense of community to raise the consciousness, enhance pride, increase support, share experiences, and promote the welfare of all participating in these services. Further, this method will utilize the "Principles of Empowerment," that is the process by which individuals are encouraged to make their own decisions, honor their feelings, and choose their own actions within the framework of safety provided by the facilitation of the provider.

The group intervention will consist of an eight-week psycho-educational process. The group session will repeat immediately after the completion of the eight-week cycle, enabling clients to enter the group at any point throughout the year. Each group will last for two-hours and the series will focus on the following issues:

(WEEK 1): **Administration of Pre-test Sexual Behavior Inventory**
Recovery and Safer Sex
Clients will discuss the recovery process and how it impacts the sexual decision making process. The utilization of peer mentors will be essential during this session in that they will be individuals who are modeling appropriate coping and behavior skills.

(WEEK 2): **Disclosure**
Clients will discuss the importance of coming to terms with their HIV status, depersonalizing rejection, and discovering safe ways of disclosing to their partner(s), family, friends, work, etc.

(WEEK 3): **Primary Treatment Education**
Clients will discuss how HIV affects the body, the interaction of medications, and the importance of mental health/substance abuse and HIV.

(WEEK 4): **Risk Reduction (Behaviors)**
Clients will discuss difficulties/challenges to setting boundaries in relation to self-care and addictive behaviors. Also, clients will discuss issues as it relates to gender roles and sexual decision making.

(WEEK 5): **Decision Making**

Clients will receive information about HIV community resources and related support systems that will facilitate success with recovery and risk reduction.

1). Identifying resources
2). Support systems
3). Honoring change

(WEEK 6): **Access to care**

Clients will be informed of other clinical services offered at Positive Impact. This will involve an orientation of the agency's referral process, at the agency and outside resources should he/she not be appropriate for Positive Impact's services. Clients will also discuss and receive information on the utilization of community resources that will help ensure their success with maintenance of HIV, recovery, and risk reduction.

(WEEK 7): **Skills Development**

Train-the-trainer:

Following the completion of the 8-week intervention, clients will be provided the opportunity to participate in the agency's peer mentoring program. These are individuals who are seropositive, have at least two years in recovery, and are making healthy sexual decisions. The purpose of the peer-mentoring program will be to enable the client to access peer support from another individual in addiction recovery.

(WEEK 8): **Administration of Post Sexual Behavioral Inventory and Certificate of Completion**

HIV/AIDS
and the Americans with Disabilities Act

THE LAW

The Americans with Disabilities Act (ADA) protects people with disabilities from discrimination by federally funded and private agencies, programs and contractors. This includes people who have HIV/AIDS or are suspected of having the disease.

If you believe you have been discriminated against because you have HIV, you can call the following numbers for information or help.

EMPLOYMENT · If you suspect that you are being discriminated against at work because you have HIV or AIDS, call the Equal Employment Opportunity Commission for information:

1-800-669-4000

[Atlanta: (404) 331-6531 · Savannah: (912) 652-4234]

MEDICAL CARE · If you suspect that a medical office, hospital or nursing home has discriminated against you because you have HIV or AIDS, call the Department of Justice for information:

1-202-514-0301

HOUSING · If you suspect a landlord may have refused to rent to you because you have HIV or AIDS, call Housing and Urban Development (HUD) for information:

1-800-669-9777

DAY CARE · If you believe your child was refused admission to a day care center because she has HIV or AIDS, call the Department of Justice for information:

1-202-514-0301

PUBLIC ACCOMMODATIONS · If you think any public accommodations, such as restaurants, gymnasiums or hotels, have refused service to you because you have HIV or AIDS, call the Department of Justice for information:

1-202-514-0301

LEGAL ASSISTANCE · The AIDS Legal Project in Atlanta will accept collect calls at the following number (Monday - Thursday, 9 a.m. - 12 noon):

1-404-614-3969

GEORGIA DEPARTMENT OF HUMAN RESOURCES/OFFICE OF COMMUNICATIONS · JULY 1995

MAKING THE DECISION TO DISCLOSE YOUR STATUS [9]

A month after finding out his is HIV positive, Test Positive Aware (TPA) member Rich Knibbs was lying in a hospital bed, under treatment for thrombocytopenia – low platelet count. His mother sat nervously on the edge of his bed, Indiana dust still on her shoes from the hurried trip north. Even though she was a registered nurse, Rich knew she had no clue that he was even gay, much less infected with HIV. With 100 mg. of Demerol goading him on, Rich groggily decided to break both pieces of news to her at the same time from his hospital bed. "She took it very well – considering", Rich said. "She told me she'd tell all my brothers and sisters for me, but I wanted to do it myself".

No matter how they find out, informing your close friends and family of your HIV status can be at turns terrifying, exhausting and liberating, or all simultaneously. Although considerable research has shown that support from friends and family can buffer the negative emotional and physical impact of stress, questions surrounding disclosure in and of themselves can cause stress. Who do you disclose to? Should you disclose early or late in the disease process? How are people going to react? Do you have to disclose at all? Only you can answer these questions. Here are some pointers that may help.

When to Tell

If you're not sure when to tell close friends and family your status, here are a few indicators that you're ready:

- You have come to terms emotionally with your HIV status.
- You can identify a specific reason for wanting to tell someone, such as a past, current or potential sexual relationship.
- You're planning for the future, such as creating powers of attorney, and you want family and friends involved.
- You need emotional support.
- You're ready to share other issues, such as sexual orientation or drug use.
- You need financial support.
- You feel they're going to learn your status anyway, and you want to make sure *you* do the telling.

THE FAMILY

Because your family can't be picked like friends, coming out to them may be especially stressful. There are advantages and disadvantages. For TPA member Stephen Jeffries, telling his parents was a godsend. His father and stepmother convened a family gathering to brainstorm ways to provide appropriate support. "My father was very supportive", Stephen says, adding that his is a large, Southern, conservative, Catholic family.

In the largest study on disclosure ever conducted, Robert Hays and colleagues at the University of California/San Francisco surveyed 165 HIV positive gay men about disclosing their HIV status. Not surprisingly, Hays found that friends and lovers were rated as more supportive and responded more helpfully than relatives and colleagues. Among all the categories of people in a gay man's support network, disclosing only to mothers and fathers was found to increase rather than decrease depression and anxiety. The reason, according to Hays, is parental over-concern. "Receiving a considerable amount of help from parents may damage egos and reduce self-esteem". Hays concludes that people with HIV can have better relationships with their parents if they teach the parents not to offer support that unintentionally treats their children as "victims".

EARLY OR LATE?

In his study, Hays notes that AIDS activists have urged people with HIV to come out publicly as a means of personalizing the epidemic and decreasing stigma and stereotypes. As political as the epidemic is, however, think carefully before letting external pressure influence your decision.

Many people let the condition of their health determine when they disclose. "For as long as I appear healthy, I don't want to be treated any differently", says a man Hays interviewed. "To be given too much sympathy at this point would be depressing". Balancing that viewpoint is the supportive role that friends, lovers and family can play in long-term planning, if they know your status early and, like yourself, have time to adjust to the news. Also, the thought of adding the stress of disclosure when already ill prompts many people to break the new while they're healthy and relatively stable emotionally and physically. Disclosing your HIV status to friends and family can cause more problems than it solves or it can provide an indispensable network of love and support. You'll want to take great care in making the decision to whom and when to disclose.

For many people, however, living with HIV is too big a secret to keep from the people they love. As Stephen put it, "The risk is worth it if you're willing to love yourself enough to try".

AIDS Survival Project peer counselors can help when you are thinking about telling your loved ones that you are HIV positive, call 404-874-7926 or stop by 159 Ralph McGill Blvd., Suite 500.

COMING OUT TO LOVED ONES [10]

DO'S

- Do talk with a friend or counselor for advice on how to approach your family. Friends who've gone through the same process are especially helpful and can offer insights about specific individuals whom they've told and whom you both know.
- Do decide what level of control you want over who knows your HIV status. Unless you specifically tell a friend or family member not to tell others, they may mistakenly take your candor with them as a sign of general openness.
- Do choose carefully who you want to tell, not who you need to tell. You have no obligation but to yourself.
- Do read up on your basic HIV information. Friends and family who know little about the epidemic may entertain a multitude of misconceptions and myths about how HIV is transmitted and how quickly the disease progresses.
- Do bring with you newsletters, books, brochures, videos and phone numbers. Your family, in particular, may not know how to access such resources on their own.
- Do be in a position or confidence. If you haven't yet come to terms with your own HIV status, you'll have a hard time helping your loved ones do so.

DON'TS

- Don't expect too much from them too quickly. While you want the support of your family in the long run, don't shut the door on people whose initial reaction to your infection is based on ignorance or fear. Educating them may take some time, but the result will probably be well worth it.
- Don't tell them when you're sick. Although bedside confessions are sometimes unavoidable, everyone, including you, will probably have an easier time if you tell them from a position of strength.

Don't forget that "you can choose your friends, but not your family". If a friend reacts negatively, you can find another. You may have to educate your family.

- Don't think it necessarily gets any easier after the first time. While the news may become "old hat" to you, people hearing it for the first time may react much the same way.
- Don't assume a specific reaction to your disclosure. While you may think you can anticipate a close friend or relative's reaction, overly specific expectations may leave you unprepared to deal with how they actually take the news.

TALKING TO A SEXUAL PARTNER ABOUT BEING HIV+

Telling a partner you are HIV-positive or talking about safer sex can be scary, confusing, and embarrassing. You may fear being rejected or left alone. These feelings are normal.

Here are some ideas to help you talk to a partner about sex and HIV:

Before you talk:

* Understand your own sexual needs.
* Think about how you could tell these needs to your partner.
* Know your sexual activity options.
* Choose a time to talk. Don't plan to talk right before, during, or after sex.

When you talk:

* Allow time for each of you to express your feelings and needs.
* Listen. Try to accept each other's feelings.
* Find out if your partner is comfortable with the same things you are.
* Take time to be apart after you talk. Then you each can think about what you've heard.
* Plan to talk again. At this talk you can decide together what your sexual choices are.

It is important to talk with your partners about HIV prevention. A partner may become upset or be uncomfortable with safer sex. It is up to you to decide if the partner (or potential partner) can be educated and if you should be involved with this person.

REMEMBER, THE DECISION IS YOURS!

AID
Atlanta

(C:\PM4\SEXDISC.PM4)

DISCLOSURE ISSUES

WHEN TO TELL

- Tell others when you have come to terms emotionally with your HIV status.
- Tell others when you can identify a specific reason for wanting to tell someone, such as a past, current, or potential sexual relationship.
- Tell others when you are planning for the future, such as creating powers of attorney, and you want them involved.
- Tell others when you need emotional support.
- Tell others when you're ready to share other issues in your life such as sexual orientation or drug use.
- Tell others when you need financial support.
- Tell others when you feel they are going to learn about your status anyway, and you want to make sure you do the telling.

DO's

- Do talk with a friend or counselor. Friends who have gone through the same process can offer insights about specific individuals whom they've told and whom you both know.
- Do specifically instruct friends or family members who they may tell. They may take your candor as a sign of general openness, and tell someone against your wishes.
- Do chose carefully who you want to tell, not who you need to tell. You have no obligation but to yourself.
- Do be prepared to educate friends and family members about HIV. Dispelling the misconceptions will go along way towards acceptance.
- Do come to terms emotionally with your HIV status so that your confidence can be conveyed to others.

DONT's

- Don't expect too much from them too quickly. Don't shut the door on people based on their initial reaction, which could be the result of ignorance and fear.
- Don't tell them when you are sick. It is easier to deal with when you are coming from a position of strength.
- Don't forget that "you can choose your friends but not your family". If a friend reacts negatively you can find another. You may have to educate your family.
- Don't think it necessarily gets easier after the first time. While the news may become old hat for you, others are hearing it for the first time.
- Don't assume a specific reaction to your disclosure. The actual reaction may exceed or fall short of your expectations.

AID Atlanta

(C:\PM4\DISCFLY.PM4)

(Courtesy of Positively Aware magazine, Fall 1993)

April 8, 1996

SUMMARY OF GEORGIA LAWS PERTAINING TO HIV/AIDS

SUMMARY OF THE AMERICAN WITH DISABILITIES ACT AS IT APPLIES TO HIV/AIDS

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Georgia AIDS Laws

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Georgia Laws

"The General Assembly finds that acquired Immunodeficiency Syndrome (AIDS) and its causative agent, Human Immunodeficiency Virus (HIV) ... is largely transmitted through sexual contacts and intravenous drug use, not through casual contact, and is preventable. The key component of the fight against AIDS is education. Through public education and counseling our citizens can learn how the disease is transmitted and, thus how to protect themselves and prevent its spread. The Department of Human Resources is encouraged to continue its efforts to educate all Georgians about the disease, its causative agent, and its means of transmission. In addition, voluntary testing should be encouraged for anyone who feels at risk of infection." (underlining for emphasis)

- Georgia Law, Act 1440 (1988), p. 1799, Section 1

The following are highlights of U.S. and Georgia laws relating to HIV/AIDS. They are meant for instructional purposes only. Additional information should be sought through reading the applicable laws and from legal opinion as necessary.

1. AIDS Confidential Information

AIDS Confidential Information (ACI) is defined in Official Code of Georgia Annotated (O.C.G.A.) 31-22-9.1 (a)(2) as information which discloses that a person:

1) has been diagnosed as having AIDS;

2) has been or is being treated for AIDS;

3) has been determined to be infected with HIV:

4) has submitted to an HIV test;

5) has had a positive or negative result from an HIV test;

6) has sought and received counseling regarding AIDS; or

7) has been determined to be a person at risk of being infected with AIDS,

and which permits the identification of that person.

According to state law, any person or legal entity which intentionally or knowingly discloses ACI is guilty of a misdemeanor and subject to criminal penalties and civil liability.

ACI disclosed or discovered within the patient-physician relationship shall be confidential and shall not be disclosed except as provided for in the law.

1) ACI may be disclosed to the person identified by the information or, if that person is a minor or incompetent person, to that person's parent or legal guardian.

2) ACI may be disclosed to any person or legal entity designated to receive that information when that designation is made in writing by the person identified by the information.

3) When the patient of a physician has been determined to be infected with HIV and that patient's physician reasonably believes that the spouse or sexual partner or any child of the patient, is a person at risk of being infected with HIV by the patient, that physician may disclose to that spouse, sexual partner, or child that the patient has been determined to be infected with HIV, after first attempting to notify the patient that such disclosure is going to be made.

A licensed hospital administrator or a physician having a patient infected with HIV may disclose the following to DHR:

1) the name and address of the patient;

2) the fact that the person has been determined to be infected with HIV; and

3) name and address of any contacts who the disclosing physician or administrator reasonably believes to be at risk of HIV infection by such patient.

ACI may be disclosed to the DHR or to local county boards of health for partner notification purposes to protect the health and safety of that person or other persons who may have come in contact with the blood, semen or vaginal secretions of an infected person. Upon receipt of this ACI, the Division of Public Health.

1) may contact any infected person named in such disclosure for the purpose of counseling that person and requesting from him/her the name(s) of any of other person(s) who may be at risk of being infected with HIV.

2) may contact any other person reasonably believed to be a person at risk of HIV infection from the disclosed infected patient.

3) shall contact and provide counseling to the spouse/ex-spouse of any infected person if the spouse and the infected person are reasonably likely to have engaged in sexual intercourse within the past seven years and if the spouse may be located and contacted without undue difficulty.

4) shall contact and provide counseling to any person referred by a juvenile or superior court as a victim of an AIDS Transmitting Crime. This should be done as soon as possible upon receipt of the results form the court-ordered test on the alleged perpetrator.

ACI may be disclosed to a health care provider/facility providing care to the patient if the provider/facility has personnel at risk of becoming infected or has a legitimate need for the information in order to provide services to the patient.

Health care providers, persons or legal entities who are authorized but not required to disclose ACI shall have no duty to make such disclosures and shall not be liable to the patients, or any other person or legal entity for failing to make such disclosure.

Further, a health care provider or any other person or legal entity which discloses information as authorized or required by law will have no civil or criminal liability for such disclosure.

A court order for disclosure of ACI may not be issued against the DHR, any county board of health or any anonymous HIV test site operated by or on behalf of DHR except that a court may order a test result when considering a case of an AIDS Transmitting Crime. Another exception may exist when a coroner/medical examiner conducts an investigation into the death of an individual (see Georgia AIDS Laws, Table of Contents, #19.

ACI may be released by an insurer for developing an insurance data base and to other insurance institutions which may have received an application for health or life insurance from the identified person.

Source: O.C.G.A. 24-9-40.1 and 24-9-47

2. Court Ordered Testing for Adults Who Commit an AIDS Transmitting Crimes (ATC)

AIDS Transmitting Crimes, as defined in Section 31-22-9.1 (3), as:

1) rape
2) statutory rape;
3) aggravated sodomy;
4) solicitation of sodomy;
5) child molestation;
6) aggravated child molestation;
7) incest;
8) prostitution; and
9) certain drug-related offenses involving heroin, cocaine or derivatives, or any scheduled drug intravenously injected, or
10) other crimes which involve significant exposure as defined in this section.

The Department of Human Resources is responsible for carrying out court ordered testing for ATCs. Upon a verdict or plea of guilty or a plea of nolo contendere to any ATC, the court shall require the defendant to submit to an HIV test within 45 days following the date of that verdict or plea, shall mail a copy of that verdict or plea, to the District Health Director as a local representative of the Department of Human Resources who will arrange the HIV test within 30 days upon receipt of notice.

The law further provides for involuntary HIV testing of a person arrested for an ATC, but not yet convicted or having pled guilty. A victim or the parent or legal guardian of a minor or incompetent victim of an ATC may request that the defendant submit to an HIV test. If the defendant declines to submit to such a test, the judge of the Superior Court may order an HIV test if:

1) there is probable cause that the person arrested for the ATC committed the alleged crime, and that

2) significant exposure occurred.

Significant exposure is defined as contact of the victim's ruptured or broken skin or mucous membranes with the blood or body fluids of the person arrested for an AIDS Transmitting Crime, other than tears, saliva or perspiration, of a magnitude that the Centers for Disease Control have epidemiologically demonstrated can result in transmission of the human immunodeficiency virus (HIV). Court orders for a person arrested for an ATC should be referred to the appropriate District Health Director.

Test results shall be reported to:

1) each victim of the AIDS Transmitting Crime, through DHR which shall provide counseling to that victim or to that victim's parent or guardian as appropriate;

2) the court which ordered the HIV test; and

3) those persons in charge of any facility to which the person has been confined by order of the court; and

4) the person believed to have committed the ATC.

Source: O.C.G.A. 17-10-15

3. Court Ordered Testing for Juveniles Who Commit an AIDS Transmitting Crimes (ATC)

There are two major differences between this section and the one that relates to adults who commit ATCs.

1) juveniles have to be adjudged (found guilty) of committing the crime before an HIV test can be ordered, while a superior court judge can, in certain circumstances, order a test on an adult who is arrested for an AIDS transmitting crime.

2) a juvenile judge has to confer with the District Health Director before an HIV test can be ordered, while a superior court judge does not.

Source: O.C.G.A. 15-11-35-1

4. Reckless Conduct as It Relates to AIDS

This code section amends Georgia's existing law on "Reckless Conduct" to include certain AIDS-related provisions. A person, who after obtaining knowledge that he/she is HIV infected:

1) knowingly engages in sexual intercourse or performs or submits to any sexual act involving the sex organs of one person and the mouth or anus of another person without first disclosing his/her HIV status before the sexual act; or

2) knowingly shares needles for IV drug use with another person without first disclosing his/her HIV status; or

3) offers or consents to perform with another person an act of intercourse for money without disclosing his/her HIV status to the other person; or

4) solicits another person to perform or submit to an act of sodomy for money without first discussing his/her HIV status; or

5) donates blood, blood products, other body fluids or any body part without previously disclosing his/her HIV status, ... is guilty of a felony and subject to imprisonment for up to ten years.

Source: O.C.G.A. 16-5-60

5. Persons Perceived to be a Public Health Threat

If there is reasonable evidence that an individual may be HIV infected and is engaging in behaviors which may be a threat to the public health, the District Health Director may advise counseling by public health and/or mental health staff to effect behavioral change. This counseling may include a request for a voluntary HIV antibody test if the HIV status of the client is unknown.

If the request is denied and the client continues to engage in behaviors which seem to put others at risk for HIV infection, the District Health Director may petition the superior court for an order authorizing the administration of an HIV test.

The process is as follows:

The complaint is filed with the superior court of the county of residence of the person refusing the test. The complaint shall allege with specificity -

1) "the basis for the allegations which the Department believes supports the conclusion that the person is infected with HIV;

2) the scope, nature and threat to the public health created thereby; and

3) the proposed plan to be adopted to protect the public health in the event the court orders the test and the person is found to be HIV infected."

The person against whom the complaint is filed shall be represented by counsel, or, if unable to afford one, counsel shall be appointed by the court.

The superior court shall hear the complaint on an expedited basis without a jury. All proceedings before the court shall be sealed.

Source: O.C.G.A. 31-17A-1-3

6. Abatement of the Operation of Bathhouses

The operation of bathhouses in this state is declared to be harmful to the public health, safety, and welfare of the citizens of this state.

"Bathhouse" means a place of public accommodation having facilities including all or some of the following: baths, whirlpools, saunas, massage areas or rooms, and semiprivate or private areas or rooms; and when entry to such place of public accommodation is contingent upon the payment of money on an hourly, daily, weekly, monthly, annual, or club basis; and where the owner or managers or employees of such place of public accommodation knowingly grant or permit the use of such place of public accommodation for illegal sexual activity.

"Illegal sexual activity" means any illegal sexual act involving the sex organs of a person and the mouth, anus, or sex organ of another person."

The DHR and county boards of health are empowered with injunctive rights to abate the operation of any bathhouse in the state as a public nuisance.

The Commissioner or Commissioner's designee or the Director of any County Board of Health is authorized to obtain inspection warrants for the search or inspection of any property which is a bathhouse.

Any person, firm, corporation, or other business entity which owns, operates, or is a manager for or employee of a bathhouse shall be guilty of a misdemeanor.

Source: O.C.G.A. 31-12-11

7. Death of A Person with an Infectious or Communicable Disease

For the purpose of this code section, the term "infectious or communicable disease" shall include the following:

(1) Infectious hepatitis;

(2) Tuberculosis;

(3) Any sexually transmitted disease enumerated in Code Section 31-17-1 (syphilis, gonorrhea and chancroid)

(4) Acquired immune deficiency syndrome (AIDS)

When a person who has been diagnosed as having an infectious or communicable disease dies in a hospital or other health care facility, the attending physician shall prepare a written notification describing such disease to accompany the body when it is picked up for disposition.

When a person dies outside of a hospital or health care facility and without an attending physician, any family member or person making arrangements for the disposition of the dead body who knows that such dead person had been diagnosed as having an infectious or communicable disease at the time of death shall prepare a written notification describing such disease to accompany the body when it is picked up for disposition.

Any person having duties described above and who knowingly refuses or omits to perform such duties, shall be guilty of a misdemeanor.

Information regarding a deceased's infectious or communicable disease shall be privileged and confidential and should not reveal the identity of the deceased. Also, this information may not be disclosed pursuant to discovery proceedings, subpoena or court order. Any person making an authorized disclosure shall not be liable.

Source: O.C.G.A. 31-21-3

8. Transportation of Infectious Inmates/Patients by Public Safety Officers

Any state or county correctional institution, municipal or county detention facility, or a "facility" as defined in Code Section 37-3-1 (see below) shall notify any state or local law enforcement agency required to transport an inmate or patient if such inmate or patient has been diagnosed as having an infectious or communicable disease. Notification shall be limited to the fact that such inmate or patient has an infectious or communicable disease and whether such disease is airborne or transmissible by blood or other body fluids; provided, however, that the specific disease shall not be disclosed.

"Facility" means any state owned or state operated hospital, community mental health center, or other facility utilized for the diagnosis, care, treatment, or hospitalization of persons who are mentally ill; any facility operated or utilized for such purpose by the United States Veterans' Administration or other federal agency; and any other hospital or facility within the State of Georgia approved for such purpose by the Department. Further, the Division of Public Health has determined that "facility" also applies to local public health offices.

For the purposes of this code section, the term "infectious or communicable disease" shall include:

1) airborne diseases of tuberculosis, meningitis, measles, chicken pox and influenza
2) Bloodborne diseases of HIV, infectious hepatitis and syphilis

Information released or obtained pursuant to this code section shall be privileged and confidential and shall only be released or obtained by the institutions, facilities, or agencies who are parties to the transportation of the patient or inmate. Any person making an unauthorized disclosure of such information shall be guilty of a misdemeanor.

The Division of Public Health has developed a form to be used for documenting that a patient/inmate has an infectious disease as defined in this code section and that proper notification has been given to the public safety officer. A copy of that form is attached.

Source: O.C.G.A. 42-1-7

Policy Note:

We should continue to stress that any patient or inmate could be potentially infected with a bloodborne or airborne disease and not yet be diagnosed. Bloodborne precautions should be used with all patients or inmates and airborne precautions should be taken with all who are coughing (even if a notification form is not issued).

NOTIFICATION OF AN INFECTIOUS DISEASE

I have been notified that the patient/inmate I am transporting has been diagnosed as having an airborne/bloodborne (circle one) Infectious disease.

I have been given this guide (see below) on the appropriate precautions which should reduce the risk of becoming Infected with the types of diseases Indicated above. I understand that any patient/inmate being transported could be potentially Infected with a bloodborne or airborne disease and not yet be diagnosed. Therefore, bloodborne precautions need to be used with all patients/inmates and airborne precautions should be used with all patients who are coughing.

This notification and guide are in compliance with Act 491 (effective April 16, 1991).

____
(Patient/Inmate Social Security or Other Identifying Number)

(Printed Name of Transporting Officer)	(Individual Issuing Notification/Guide)
(Signature of Transporting Officer)	(Institution/Agency)
(Agency)	(Date)

GUIDELINES ON AVOIDING AIRBORNE OR BLOODBORNE INFECTIOUS DISEASES

The risk of contracting an airborne or bloodborne disease while transporting a patient/inmate is low. Airborne diseases covered under Act 491 are tuberculosis, meningitis, measles, chicken pox, and influenza. Bloodborne diseases covered under Act 491 are human immunodeficiency virus (HIV), hepatitis B virus (HBV), and syphilis. Observing some or all of the following guidelines should reduce the risk of infection.

AIRBORNE DISEASES

- The most important precaution is to provide the patient/inmate with a supply of tissues and a disposable container (e.g., a paper bag). Instruct the patient/inmate to cover his/her mouth and nose with at least two two-ply tissues when coughing or sneezing and then to place the used tissues in the container. Dispose of the container and used tissues in an ordinary trash container.
- If feasible, the rear windows of the vehicle should be kept open and the heating and air conditioning system set on a nonrecirculating cycle.
- Ideally, the transporting vehicle should have an airtight plexiglas partition (or a similar partition) separating the patient/inmate from the transporting officer.
- If the patient/inmate has a vigorous, productive cough, the patient/inmate and/or the transporting officer should wear a properly fitted disposable surgical mask or a particulate respirator.

DHR Form 2988 (Rev. 2/92)   (See reverse for bloodborne diseases)

BLOODBORNE DISEASES

To reduce the risk of a bloodborne infection, the officer should practice what is known as "Universal Precautions" where he or she treats blood and all body fluids containing visible blood of any patient/inmate as being potentially infectious. Universal Precautions include the following guidelines:

o The wearing of gloves is standard procedure whenever there is possible exposure to blood or body fluids containing visible blood. No one type of glove is appropriate for all situations:

  o Latex, disposable gloves - For use when touching blood, body fluids containing visible blood, mucous membranes, and nonintact skin. In an emergency situation, if you cannot determine if blood is present, use these gloves.

  o Rubber household gloves - For use when cleaning and decontaminating spills of blood or body fluids containing visible blood.

  o Thick, leather gloves - For use to help prevent bites or scratches from patients/inmates. (NOTE: No HIV, HBV, or syphilis has been transmitted through a bite or scratch.)

o Masks, eyewear and plastic gowns should be worn when there is a possibility of splatter of blood or body fluids containing visible blood into mucous membranes (eyes, nose or mouth) or onto clothing.

9. Laboratories Licensed to Test for HIV

Only clinical laboratories and hospitals licensed in Georgia and other states may conduct an HIV test or any human body fluid or tissue. The law prohibits the sale of HIV tests by any person or legal entity except the types of clinical laboratories specified in the law.

Source: O.C.G.A. 31-22-91.1 (b) and (c)

10. Confirmed Positive HIV Test

A person cannot be told he/she is HIV positive until the last confirmatory test has been completed. A confirmed positive HIV test is defined in Code Section 31-22-9.1 (a)(5) as "the results of at least two separate types of HIV tests, both of which indicate the presence of HIV in the tested substance".

*Note that the law does not name any particular type of HIV test such as the ELISA or Western Blot-just that two different types of HIV tests must be conducted, and that both must be positive.

Source: O.C.G.A. 31-22-9.1 (a) (5)

11. Test Reporting Requirements

The law mandates that each health care provider, health care facility, or any other person or legal entity which orders an HIV test for any person shall report each confirmed positive HIV test to the DHR along with the age, sex, race and county of residence of the infected person, but shall not include any other identifying characteristics of the person.

Source: O.C.G.A. 31-22-9.2. (b)

The law further provides that DHR may, by regulation, decide at some future date to require names and addresses of people who tested positive from nonanonymous tests.

Source: O.C.G.A. 24-9-47(h)(2)

Under authority of Georgia Law, DHR requires by Rule 290-5-3-.02 that an AIDS diagnosis is a reportable disease. All healthcare providers must report patient identifiers (such as name and address) of such cases to DHR. The law states that "all such reports and data shall be deemed confidential and shall not be open to inspection by the public; provided, however, the Department may release such reports and data in statistical form or for valid research purposes."

Source: O.C.G.A. 31-12-2

12. Pre- and Post-Test Counseling

Georgia Law stipulates that healthcare providers must provide HIV counseling before and after testing a person for HIV. Further, the person to be tested "shall have the opportunity to refuse the test" (they must consent to it).

Exceptions to consent for HIV testing include tests ordered by:

1) a court on a person believed to have committed an AIDS transmitting crime or to be a public health threat (see #2 and #5 in Table of Contents);

2) a state prison for all incoming offenders (see #15);

3) the Board of Pardons and Paroles on an offender (see #16);

4) two physicians when there is a health care worker potentially at risk for HIV-infection due to occupational exposure (see #14);

5) a physician when the person to be tested is unconscious, temporarily incompetent or comatose and the next of kin permits the test (Source: O.C.G.A. 31-22-9.2 (c);

6) a physician when the person to be tested is in an emergency or life-threatening situation (Source O.C.G.A. 31-22-9.2 (c);

7) The physician when he/she is of the opinion that the person to be tested is in such a medical or emotional state that disclosure of the test would be injurious to the person's health (Source O.C.G.A. 31-22-9.2 (c); or

8) An insurance company in connection with insurance coverage, and with consent from the applicant (Source O.C.G.A. 31-22-9.2 (f).

Counseling is defined in Code Section 31-22-9.1 (a) (6) as: "providing the the person with information and explanations medically appropriate for that person, which may include all or part of the following:

a. "accurate information regarding AIDS and HIV antibody;

b. an explanation of behaviors that reduce the risk of transmitting AIDS and HIV;

c. an explanation of the confidentiality of information relating to AIDS diagnosis and HIV antibody tests;

d. an explanation of information regarding both social and medical implications of HIV antibody tests; and,

e. disclosure of commonly recognized treatment(s) for AIDS and HIV".

The Division of Public Health has developed brochures for distribution during counseling. The brochures are entitled "Should You Be Tested For HIV?" and "What Do Your HIV Test Results Mean?"

While no written consent for testing is required by Georgia law, good healthcare protocol provides for signed documentation.

Failure to provide counseling or to allow refusal of the test does not result in a criminal violation, but there can be a civil case of action by the patient. The statute of limitations for the civil action is two years from the date of violation.

13. Testing of Blood or Body Parts

Each health care facility, health care provider, blood bank, tissue bank or sperm bank which procures, processes, or distributes any human body part determined by DHR to have a reasonable probability of transmitting HIV shall subject a prospective donor to an HIV test prior to making that body part available to another person.

In a medical emergency constituting a serious threat to the life of a potential recipient of blood, and blood that has tested for HIV is not available, testing shall not be required on the blood to be donated.

Source: O.C.G.A. 44-5-151

14. Involuntary Testing of Patients for HIV

When exposure of a health care provider to any body fluids of a patient occurs in such a manner as to create any risk that such provider might become an HIV-infected person if the patient were an HIV-infected person, according to infectious disease guidelines of the Centers for Disease Control, procedures are established to order an HIV test on such patient and obtain the results thereof:

(1) If the patient (or the patient's representative, if the patient is a minor, otherwise incompetent, or unconscious) consents to the test after being notified of the exposure and after having been provided counseling.

(2) If the patient or representative refuses the test, two health care providers who are authorized to order an HIV test (physicians, dentists) concur in writing to the testing. The patient is informed of the results of the test and is provided counseling with regard to those results. Positive test results are made a part of the medical record, but not negative ones without the patient's consent.

* Note that the law does not cover what to do if the patient still refuses the HIV test after a second concurring opinion. For specific actions to follow in this event, one should follow protocols established by the health care provider's organization. Above all, the patients care should not be discontinued or adversely affected due to lack of cooperation regarding HIV testing.

Source: O.C.G.A. 31-22-9.2(g)

15. Testing of State Prison Inmates

All incoming offenders to state penal institutions, not city or county jails (unless temporarily housed there), shall submit to an HIV test. Inmates are to be given appropriate pre and post-test counseling.

Source: O.C.G.A. 42-5-52.1

16. Testing by Board of Pardons and Paroles

The Board is authorized to obtain from any penal institution HIV test results regarding any person who applies or is eligible for clemency, a pardon or a parole and to require such person to submit to an HIV test.

Source: O.C.G.A. 42-9-42.1

17. Premarital HIV Information

No HIV antibody testing is required for premarital couples. All applicants for marriage licenses shall receive two documents from the probate judge:

1) a brochure designed by the DHR, Division of Public Health, describing AIDS, AIDS-related risks and behaviors, methods of prevention and counseling and testing information.

2) a listing of sites at which confidential and anonymous HIV tests are provided at low or no cost.

Also, no marriage license shall be issued unless both the proposed husband and the proposed wife sign a form acknowledging that they have received the brochure and test site listing.

Source: 19-3-35.1

18. Tatooing Regulation by Public Health

I. Definitions:

1) "Tattoo" means to mark or color the skin by pricking in, piercing, or implanting indelible pigments or dyes under the skin.

2) "Tattoo artist" means any person who performs tattooing. Excepted from this definition are licensed physicians or osteopaths or technicians acting under their direct supervision.

3) "Tattoo studio" means any facility or building or a fixed foundation wherein a tattoo artist performs tattooing. Tattooing in outdoor locations (such as flea markets or carnivals) or in non-licensed studios is a misdemeanor. It shall be unlawful for any person to operate a tattoo studio without having first obtained a valid permit from the County Board of Health.

II. Compliance:

The Department of Human Resources and County Boards of Health shall have the power to adopt and promulgate rules and regulations to ensure the protection of the public health. Such rules and regulations shall prescribe reasonable standards for health and safety of tattoo studios with regard to:

1) Location and cleanliness of facilities;

2) Sterilization and Occupational Safety and Health Administration guidelines for prevention and spread of infectious diseases by all personnel;

3) Informed consent by the person receiving a tattoo;

4) Procedures for ensuring adequate explanation to consumers of the proper care of a tattoo; and

5) Proper use and maintenance of tattoo equipment, including dyes and pigments.

County Boards of Health are impowered to adopt supplementary regulations consistent with the Department's. The governing authority of any county or municipality may enact more stringent laws governing tattooing.

The County Boards of Health are authorized and empowered to enforce compliance with this law. They may enter upon and inspect the premises of a tattoo studio at any reasonable time and in a reasonable manner, as provided for in O.C.G.A. 31-5-2.

Source: O.C.G.A. 31-40-1

III. Age Limitations

It is unlawful, and a misdemeanor, for any person to tattoo someone under the age of 18. Exception to this provision is tattooing done by a licensed physician or osteopath or a technician operating under their direct supervision.

Source: O.C.G.A. 16-5-71

19. Definitions

Definitions for words, terms and concepts used when describing AIDS law are covered in this section. Some of the definitions including "AIDS Transmitting Crimes", "AIDS confidential information", "body fluids" "confirmed positive HIV test" and "counseling" have already been discussed. All the definitions in this section should be closely read for their specific legal meanings.

Source: O.C.G.A. 31-22-9.1(a)(1)-(23)

20. Coroner/Medical Examiner Access to AIDS Confidential Information

When a coroner or a medical examiner conducts an investigation into the death of an individual, the coroner or medical examiner shall be authorized to issue subpoenas to compel the production of any books, records, or papers relevant to the cause of death including, without limitation, AIDS confidential information as defined by Code Section 31-22-9.1. Any books, records, or papers received by the coroner or medical examiner pursuant to the subpoena must be regarded as confidential information and privileged and not subject to disclosure.

NOTE: Health Department Records appear to be subject to this 1995 law.

Source: O.C.G.A. 45-16-27

U.S. Law - Americans with Disabilities

Introduction

The Americans with Disabilities Act (ADA) protects the handicapped against discrimination in the delivery of goods and services and in the employment sector. Protection is extended to public and private organizations, whether they receive federal funds or not. The ADA definition of a "handicap" or "disability" is:

(1) a physical or mental impairment that substantially limits one or more of an individual's major life activities,

(2) a record of such impairment; or

(3) being regarded as having such an impairment.

The ADA does not specifically mention protection against discrimination of people infected with HIV. However, in September 1988, the U.S. Attorney General expanded the accepted definition of a handicapped person to include: "a person with AIDS, AIDS related conditions or someone perceived as having AIDS".

The Act further defines discrimination as not making reasonable accommodations to the known physical or mental limitations of a qualified individual with a disability who is an applicant or employee, unless such covered entity/business can demonstrate that the accommodation would impose an "undue" hardship on the operation of this entity/business.

Some examples of reasonable accommodation include:

1) making existing facilities handicap accessible
2) job restructuring
3) change from full-time to part-time work
4) modification of work equipment
5) change in physical location of work
6) provision of qualified readers or interpreters
7) other similar accommodations for individuals with disabilities.

The term "undue hardship" is defined as a significant difficulty or expense taking into consideration the cost of the accommodation, the size and resources of the entity/business, the fiscal impact of the expense, etc.

There are five titles to the Act, but the three with the greatest impact on people with HIV disease are Title I, II and III.

I. Title I Employment

Title I protects employees/job applicants against discrimination because of their handicap or the perception of a handicap/disability. Protected areas include discrimination in "job application procedures, the hiring or discharge of employees, employee compensation, advancement, job training, and other terms, conditions and privileges of employment". Organizations with 15 or more employees are covered under this Title.

A. Illegal Drugs

The ADA excludes current users of illegal drugs from handicap/disability protection. However, a person who has successfully completed a drug rehabilitation program, and is no longer using drugs, or who is currently enrolled in a recovery program, and no longer using drugs, has disability protection under this Act. An employer is permitted to conduct drug screening tests on applicants/employees and to make employment decisions based on test results.

B. HIV Testing/Screening

The ADA does not specifically mention HIV screening tests, but it does address medical examinations, employment tests and selection criteria. The ADA defines as discrimination "using employment tests or other selection criteria that screen out or tend to screen out an individual with a disability or class of individuals unless the test or other selection criteria is shown to be job-related for the position in question and is consistent with business necessity". Further, it is prohibited to "conduct a medical examination or make inquiries of a job applicant or employee as to whether such applicant/employee is an individual with a disability or as to the nature or severity of the disability, unless such examination or inquiry is shown to be job-related and consistent with business necessity". Based on the aforementioned criteria, HIV testing/screening for employment purposes would appear to be discriminatory.

NOTE: The ADA requires that all medical information on an applicant be treated as confidential information and kept in a separate medical file.

C. Food Handlers

Again, the ADA does not specifically discuss HIV-infected food handlers. However, the Congress did consider allowing the transfer of HIV-infected food handlers to non-food handling jobs. This provision was deleted in the final bill upon the advice of the Centers for Disease Control and other health authorities who have determined that HIV is not spread through casual contact or handling/eating food.

II. Title II - Public Services

According to this Title, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any such entity.

A "public entity" is defined in the law as:

1. any state or local government
2. any department, agency, special purpose district, or other instrumentality of a state or local government.

III. Title III - Public Accommodations and Services Operated by Private Entities

Title III prohibits discrimination in entities that affect commerce, known as public accommodations. The Act states that "no individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges or advantages of any place of public accommodation by any person who owns, leases or operates a place of public accommodation".

Examples of public accommodations are as follows:

1) An establishment for serving food or drink;
2) A place of exhibition or public entertainment, such as a movie theater or stadium;
3) A place of public gathering, such as an auditorium or convention center;
4) A general store for commerce, such as an grocery store, clothing store, shopping center or other establishment for the sale of goods;
5) A place of public display or collection, such as an art gallery or library;
6) A zoo or amusement park;
7) A private school or place of education;
8) A place of lodging, such as a motel or inn where there are at least 5 rooms to let;
9) A public establishment for exercise or recreation, such as a spa or golf course;
10) A social service center, such as a day care center, senior citizen, homeless shelter or adoption agency; and

11) A public accommodation also includes service establishments, such as the office of a lawyer, insurance office of a lawyer, insurance office, pharmacy, hospital or professional office of a health care provider. This last category includes a private physician's office.

NOTE: Although small businesses (with fewer than 15 employees) are exempt from Title I employment provision, they are not exempt from the Title III Public Accommodations provisions.

Public accommodations must be handicap accessible with physical barriers removed. If removal is not possible or too costly, then alternate methods of providing the service must be offered.

HIV/AIDS
and the Americans with Disabilities Act

THE LAW

The Americans with Disabilities Act (ADA) protects people with disabilities from discrimination by federally funded and private agencies, programs and contractors. This includes people who have HIV/AIDS or are suspected of having the disease.

If you believe you have been discriminated against because you have HIV, you can call the following numbers for information or help.

EMPLOYMENT • If you suspect that you are being discriminated against at work because you have HIV or AIDS, call the Equal Employment Opportunity Commission for information:

1-800-669-4000

[Atlanta: (404) 331-6531 • Savannah: (912) 652-4234]

MEDICAL CARE • If you suspect that a medical office, hospital or nursing home has discriminated against you because you have HIV or AIDS, call the Department of Justice for information:

1-202-514-0301

HOUSING • If you suspect a landlord may have refused to rent to you because you have HIV or AIDS, call Housing and Urban Development (HUD) for information:

1-800-669-9777

DAY CARE • If you believe your child was refused admission to a day care center because she has HIV or AIDS, call the Department of Justice for information:

1-202-514-0301

PUBLIC ACCOMMODATIONS • If you think any public accommodations, such as restaurants, gymnasiums or hotels, have refused service to you because you have HIV or AIDS, call the Department of Justice for information:

1-202-514-0301

LEGAL ASSISTANCE • The AIDS Legal Project in Atlanta will accept collect calls at the following number (Monday - Thursday, 9 a.m. - 12 noon):

1-404-614-3969

GEORGIA DEPARTMENT OF HUMAN RESOURCES/OFFICE OF COMMUNICATIONS • JULY 1995

Curriculum under construction

10/30

POSITIVE IMPACT'S RISK REDUCTION PROGRAM CURRICULUM

The overall objective of Positive Impact's Risk Reduction program is to work with clients who are identified HIV+ or are at high risk for HIV and/or other sexually transmitted infections. For those who are infected with HIV, support will be provided for the reduction in unsafe sexual practices and/or needle sharing behaviors as well as a focus on increased communication and negotiation skills with regard to disclosure and safer sex. In order to effectively implement this intervention, will be essential to interface with other agencies in metropolitan Atlanta to provide a "stop-gap" service to those who are at highest-risk and who could benefit from in-depth prevention work.

The intervention will focus on issues essential to reducing the client's risk of participating in behaviors likely to result in HIV re-infection or transmission. Some of these issues will be related to **setting boundaries, gender roles, honoring differences, coping skills, and recovery and safer sex.** This will help to create a sense of community to raise the consciousness, enhance pride, increase support, share experiences, and promote the welfare of all participants.

Prior to the first session, the Risk Reduction Counselor and/or intern will encourage clients to set up ground rules the beginning of the first session. This allows everyone to know what is appropriate to do and say. The purpose of this is to enhance the client's comfort level, and to ensure safety within the group so clients may share more openly. The clients will need to come to agreement on all the rules.

- ✓ Ground Rules that may be considered:
- ✓ Confidentiality
- ✓ Respect for others' opinion and ideas
- ✓ Respect each other's sexual habits
- ✓ Commitment
- ✓ Timeliness
- ✓ Participation
- ✓ Completion of assignments
- ✓ Being non-judgmental

Add Check-Ins

(SESSION 1): Overview of intervention and the administration of Pre-test Sexual Behavior Inventory

Discussion: HIV 101, Negotiation skills

Clients will discuss the disease process and the impact it has on the body. They will learn negotiation skills to promote safe sex decision-making. Clients will participate in role-playing to demonstrate techniques of safe negotiation and disclosure. Clients will be given alternative resources to assist them when making the decision to negotiate or disclose.

(SESSION 2): Discussion: Behavior Modification

Clients will discuss the importance of how gender may be viewed socially and the impact this may have on behavior. They will explore the issue of how self-value and self-esteem may play a role in destructive behavior and decision making. Clients will be given tools such as meditation, relaxation, and exercise techniques to assist in building positive self esteem and self-worth.

(SESSION 3): Discussion: Self-Esteem

Clients will discuss their differences and likenesses and process what it feels like as they honor who they are in their lives. They will learn how to acknowledge that past experiences may play a role in addictive behaviors. They will learn how to embrace diversity as it relates to culture, sex, and race. The purpose is to empower clients to create change so they may develop healthy attitudes as it relates to substance abuse and HIV.

(SESSION 4): Discussion: Coping skills

Clients will discuss how HIV/AIDS affects the body, the interaction of medications, and the importance of medication compliancy. Clients will learn the stages of grief according Ross and the role this may play in behavior. Role-plays will be performed to encourage clients to verbalize how their life and relationships have changed and work to develop positive coping skills. Clients will be encourage to access mental health counseling to assist in further developing of these skills.

(SESSION 5): Discussion: Safer Sex

Clients will be introduced to safer sex techniques to assist in healthy decision making. They will learn the adverse affects of drugs and alcohol as it relates to decision making and the disease process. They will be encouraged to develop and utilize plan of action when in compromising situations through role-plays. Safe sex kits, which contain condoms, dental dams, flavored condoms/lube, and other safe sex materials, will be distributed.

Administration of Post Sexual Behavioral Inventory and Certificate of Completion

SESSION 1: *Overview of Intervention and the administration of Pre-test Sexual Behavior Inventory*
Discussion: HIV 101, Negotiation skills
Clients will discuss the disease process and the impact it has on the body. They will learn ways that might help to promote safe sex decision making. Clients will participate in role-playing to demonstrate techniques of safe negotiation and disclosure. Clients will be given alternative resources to assist them when making the decision to negotiate or disclose.

SESSION 2: *Discussion: Behavior Modification*
Clients will discuss the importance of how gender may be viewed socially and the impact this may have on behavior. They will explore the issues of how self-worth and self-esteem may play a role in destructive behavior and decision making. Clients will be given tools such as meditation, relaxation, and exercise techniques to assist in building positive self-esteem and self-worth.

SESSION 3: *Discussion: Self-Esteem*
Clients will discuss their self-esteem and its changes and process on what it feels like as they deal with who they are in their lives. They will learn how to acknowledge that past experiences may play a role in addictive behaviors. They will learn how to embrace diversity as it relates to culture, gender, and race. The purpose is to empower clients to create change so they may develop healthy attitudes as it relates to substance abuse and HIV.

SESSION 4: *Discussion: Coping skills*
Clients will discuss how HIV/AIDS affects the body, the interaction of medications, and the importance of medication compliance. Discussions will [illegible] stages of grief according to [illegible] and the role this may play in behavior. Role-plays will be performed to encourage clients to explore how their life and relationships have changed and work towards developing coping skills. Clients will be encouraged to access mental health counseling to assist in further developing of these skills.

SESSION 5: *Discussion: Safer Sex*
Clients will be introduced to safer sex techniques to assist in healthy decision making. They will learn the relationship between drugs and alcohol and substances, [illegible] and the disease process. They will be encouraged to develop and utilize healthy actions when in compromising situations through role-plays. Safe sex kits, which contain condoms, dental dams, flavored condoms/gloves, and other safe sex supplies, will be distributed.
Administration of Post-Sexual Behavioral Inventory and Certificate of Completion

SESSION 1: HIV/AIDS 101: THE BASICS

Clients will learn more about transmission, reinfection, and the disease process. Clients will learn about the risk associated with specific sexual acts and needle use.

Goals:

- To enhance clients knowledge about HIV and he disease process
- To increase knowledge about basic risk reduction techniques
- To increase knowledge about reinfection and how it relates to their disease
- To assess knowledge about the degree of risk behaviors

Activities:

- Facilitators provide program overview and purpose
- Introductions of PI Staff (Risk Reduction Counselor and/or Intern)
- Create ground rules and participant expectations
- Facilitator gives presentation that covers the definition of HIV and AIDS; modes of transmisssion; basic risk reduction techniques; testing; and the disease process
- Facilitator hands out activities assessment sheet (How Risky Is It?) and participants use it to evaluate risk of specific behaviors
- Participants share their answers and explain their risk ratings. With each activity, facilitator has 2-3 participants compare their ratings. Facilitator helps participants determine how to reduce risks associated with each activity
- Give homework

Materials:

Old List *Distribute personal value and self-esteem worksheet Sexual Behavioral Inventory, HIV curriculum, STD pamphlet,*
Articles on: "Safer Sex Guidelines," "Rethinking Re-Infection: If You're Already HIV- Positive, Is there Any Point in Using Condoms?"

SESSION 2: ACCEPTANCE AND DISCLOSURE

This session will address the issue of self-love and self-protection and how this may play a role in behavior. Clients will discuss the importance of coming to terms with their HIV status, depersonalizing rejection, and discovering safe ways of disclosing to their partner(s), family, friends, work, etc.

Goals:

- To provide clients accurate and factual information on disclosing to potential sex and needle sharing partners in a safe and supportive environment
- Increase client's ability to engage in health-promoting decision-making concerning safer sex

Activities
— Check in

Old Materials
Activities and Materials:
Reading of positive affirmation and handout given. Review disclosure laws and give legal resources to clients. Self-esteem and self-worth pamphlets handouts distributed.

Discuss and handout fact sheet: *"Levels of Risk of Sexual Behaviors According to Current Knowledge*" Articles: *"Disclosure: Who should I tell?,"* and "*Making the decision to disclose your status."* After discussion, process with clients some issues/concerns they may have encountered as it relates to disclosure to potential sex partner(s), family, friends, etc and views on gender and the role this plays in behavior.

Look in the curriculum

At the conclusion, have group process their feelings relating to the discussion.
~~Also, distribute *Cost Benefit Analysis Worksheet* for clients to complete as homework for~~ **Session 3: "Gender Specific Issues."** Clients should be able to talk about their goals and expectations then discuss with group.

Check

FEELINGS FACES

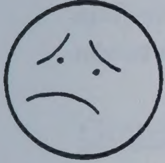
upset

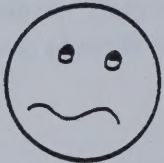
satisfied

interested

loving

affectionate


stressed

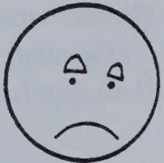

bored

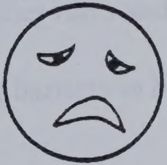
pleased

thoughtful

shocked

dreamy


guilty


sick

silly

excited

embarrassed

shy

surprised

confused

smart

irritable

lonely

anxious

brave

disappointed

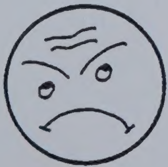
jealous

peaceful

tired

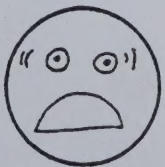
proud

worried


mad

happy

sad


scared

SESSION 3: SELF-ESTEEM or Back To The Center

Participants will learn how to exercise self-care and self-appreciation practices and rituals in order to support emotional and psychological balance. Participants will discuss difficulties/challenges to setting boundaries in relation to self-care and addictive behaviors. They will better understand the correlation between how they feel about themselves, their decision-making and behaviors.

Goals:

- To enhance clients ability to maintain level of self-care and self-appreciation in order to support healthy behavior choices
- To help clients identify how gender roles and power dynamics in their relationships affect their behaviors.
- To support clients in identifying barriers to having healthy, safe, sexual relationships.

Materials:
Warning Signals Worksheet***
After demonstration and discussion has concluded, distribute handouts on *"Safer Sex Practices" and "What is Safer Sex*" for clients to have for further information. ***
At the conclusion, have group process their feelings relating to the discussion and allow additional opportunity for peer mentor to share if necessary.

***Do we need these materials? What can we use to replace them?

Meditation

- What is meditation. What does it mean to you?

- Every day, you have the choice

- Handouts: Altar handouts

SESSION 4: TRIGGERS AND TRIGGER MANAGEMENT

Participants will increase their understanding of the correlation between situations, moods, people, and locations (triggers) and their high risk behaviors. They will learn how to develop and implement skills and plans to maintain healthy behaviors by managing their triggers. The purpose is to support clients in creating change so they may develop healthy attitudes and coping skills as it relates to substance abuse and HIV.

Goals:

- To help participant identify triggers and understand how they influence decision-making
- To assist the client in developing coping and managing skills to negotiate safer sex.

Activities:

1. Have participants write or talk about their risky behaviors
2. Participants list by category the moods, situations, locations, actions and persons may prompt those behaviors.
3. Participants identify action plans i.e., ways in which they can either avoid or work through their triggers
4. BREAK
5. Participants identify barriers that may hinder their action plans.
6. Participants develop backup strategies to work through barriers and achieve their goals.
7. Participants assess their action plans (i.e., how realistic are these plans? are participants really able to implement them?)

SESSION 5: SAFER SEX & OTHER RISK REDUCTION STRATEGIES

Goals:

- To provide clients with accurate and factual information on understanding HIV and treatment and its relation to substance use and the importance of maintaining recovery.

Objectives:

- To enhance client's knowledge of HIV treatments, mental health, and substance use.
- To identify the skills needed in choosing safer sex as a method of disease prevention
- Increase client's ability to negotiate about safer sex
- To develop more positive attitudes toward using condoms

Activities:
Risk Reduction Counselor and/or Intern will show video on "HIV treatment issues" (courtesy of Glaxo SmithKline) if site does not have TV/VCR, then utilize Agouron/Pfizer's "It's Just Like Me" teaching model will be used.

At the conclusion of video and/or model, have clients process the information they've reviewed.

Materials:
Risk Reduction Counselor and/or Intern will demonstrate the proper use of the male/female condoms and dental dams. Let those who are comfortable demonstrate (it would be useful to go around the room to see who is having difficulty using them appropriately). Handout fact sheets on *"Taking AIDS Drugs the Right Way" "Dealing with Drug Side Effects," "Mental Health," "Recreational Drugs and HIV."*

SESSION 6: Administration of Post Sexual Behavioral Inventory and Certificate of Completion

Goals:

- Have exit interview with clients and recommend for further therapy, individual and/or group, as well as Peer Mentor contact, if applicable.

Objectives:

- Triage clients into ongoing therapy support group and/or individual therapy at Positive Impact.

Activities and Materials:

Risk Reduction Counselor and/or intern will distribute post sexual behavior inventory, distribute and discuss exit interview form to clients for the purpose of facilitating triage into Positive Impact's individual and/or other group therapy.
Lastly, clients will receive program certificates of completion.

Tools to be used in sessions:

- Beginning of each session open with positive affirmation from african priciples and a poem of +affirmation. Iyanla vanzant, jovan, and miracle of life books to be used.

- Ground rules: get a ball and no talking unless u have the ball. Respect each other at all times and what the person is saying. No such thing as a stupid, dumb, or unnecessary question.
- What is self esteem definition from adolescent curriculum
- Binders for each individual with name on front. Each section will have a heading ie, session 1 hiv 101. Each sections materials will be distributed during session

HIV 101 Pre-Test

1. HIV stands for
    a. Human Immunodeficiency virus
    b. Health Interest and Victory
    c. Herpes Immune Vitamin
2. Which population has increased in the number of HIV cases
    a. men
    b. children
    c. women
3. Reasons to consider disclosing to friends, family, and partners is:
    a. to create a positive support system
    b. to provide education to further decrease the spread of HIV
4. Which of the following is a mode of transmission of HIV?
    a. sharing injection drugs
    b. having unprotected sex
    c. both a and b
5. A positive HIV test means a person
    a. will get AIDS within the next five years
    b. is infected with HIV
    c. has AIDS
6. Which of these fluids contain HIV
    a. blood
    b. semen
    c. both a and b
7. A person is required by law to inform their partners of their infection
    a. true
    b. false
8. Taking medications can cure HIV
    a. true
    b. false
9. Which one of these STDs (sexually transmitted diseases) can be cured
    a. herpes
    b. syphilis
    c. HIV
10. Sexually Transmitted Diseases can be transmitted through casual contact
    a. True
    b. False

HIV 101 Pre-Test

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   a. Human Immunodeficiency virus
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   a. true
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   b. syphilis
   c. HIV
10. Sexually Transmitted Diseases can be transmitted through casual contact
    a. True
    b. False

Behavior Modification Pre-Test

1. You should practice safe sex
   a. only if your partner is negative
   b. always
   c. only if your partner is positive
2. If a person wants to have unprotected sex
   a. you insist on using a condom
   b. you take the chance, after all they must know what they are doing
   c. you encourage them to do other sexual things
3. Once you have had unprotected sex with someone you
   a. continue to take a chance
   b. can start to use a condom
   c. stop seeing them
4. Under the influence of drugs/alcohol I am most likely to
   a. make sound decisions about sex
   b. make decisions about sex that I would regret
   c. not participate in any sexual behavior
5. Gay men are very reckless when it comes to sex
   a. true
   b. false
6. If a person uses a condom, then this means you can't trust them.
   a. true
   b. false
7.

Self Esteem Pre-Test

Coping Skills Pre-Test

Safer Sex Pre-Test

Session 1 Outline

I. Open session
  a. Distribute materials to be used during sessions. Inform clients to bring/use materials throughout the five week period
    1. binders/journals
    2. pens/pencils
    3. handouts/literature on HIV, curriculum, disclosure laws, confidentiality, and safe sex kits
  b. Read opening proverb as a group
  c. Distribute Pre-Test to be taken during the following exercises

II. Introduction
  a. Introduce staff person and give brief history of agency
  b. Discuss the goal/importance of the risk reduction program
  c. Get acquainted session (to allow participants and staff to get to know each other)

III. Development of Ground Rules & Expectations
  a. Go over ground rules with participants and allow them to have input in the development of additional rules
  b. Display ground rules to use for reference throughout sessions and enclose a copy in front of binder
  c. Inform clients of consequences of continuously breaking rules

IV. Setting boundaries
  a. HIV/AIDS education presentation (not including safer sex demonstration) with emphasis on infecting others/reinfection
  b. Ask clients to discuss what does it mean to set boundaries
  c. How can this be effective in their lives w/w-out HIV
  d. Discuss the meaning of disclosure and it's relevance to spreading HIV and reinfection
  e. Set up role-plays with participants
  f. Assist participants in developing positive plans of action when in difficult situations relative to disclosing or safer sex
  g. At the end of each session give homework encouraging participants to write thoughts/feelings about today's session and the affect/effect it had on them. If they have a partner have them discuss it with them and write the response

Session 2 Behavior Modification

I. Open
   a. Distribute materials to be used during session
   b. Read opening proverb as a group
   c. Distribute Pre-Test

II.

WELCOME

A RISK REDUCTION PROGRAM BASED UPON A PATH OF PEOPLE EMBRACING RECOVERY

You are invited to become part of the collective wisdom and healing force of people embracing and caring for themselves. This is a support group for reducing the risk of self harm and harm to others in relation to using drugs and sex as a way of getting our needs met.

We are using a collection of concepts based upon information designed to help people who have been affected by addiction, co-dependency, and internalized hatred. The group will focus on unhealthy behaviors that we may engage in as a result of what we have been taught, our environments, or because of a society that does not fully embrace who we are. These sessions are designed to empower people to find their own voices, sources of strength, and to discover their spirituality.

The goal of the program is to give individuals the safety to tell their stories, embrace their strengths and to set goals to develop coping skills that will enhance areas of their lives.

The facilitator is here to help guide you through the process of the program. Everyone will be treated with respect and dignity and will be asked to do so of others in the group.

GROUND RULES

1. Start on time, End on time.

2. There are no ***Right or Wrong*** answers.

3. Everyone has the right to PASS on a question.

4. Confidentiality: People may talk about what they are learning in the group, but not about other people. What is said in the room stays in the room. The level of trust in the group depends upon it.

5. Respect each others opinions, ideas, sexual orientation, and sexual habits.

6. Commitment: If you give the program a chance you will find some of the material helpful. You won't know this if you don't come with an open mind. Take what you can use and leave the rest but we would rather you pass it on. Remember knowledge is power.

7. NO Cross Talk: ONLY THE PERSON WITH THE BALL CAN TALK. Listen and learn from the thoughts, feelings, and experiences of group members. Before and after the meeting you may talk to each other and share your feelings.

8. We are here to have fun and you can help with this by participating. What you have to say is important. This also involves completing homework assignments. (if you are having difficulty with this please tell the facilitator)

9. We are here to support and build self-esteem. This does not involve being mean or judgmental.

10. TCOY: (Take Care Of Yourself) We are here to enhance your quality of life. If you need something from us please let us know, this is your group and we want you to feel comfortable.

11. At least once during the session we will say something nice to someone else. Remember a smile never hurt anyone and may help everyone.

Session 1

HIV 101 and NEGOTIATION SKILLS

One day, my soul just opened up
and things started happenin'
things I can't quite explain
I mean
I cried and cried like never before
I cried tears of ten thousand mothers
I couldn't even feel anything because
I cried 'til I was numb.

One day, my soul just opened up
I felt this overwhelming pride
what I was proud of
only GOD knows!
Like the pride of a hundred thousand fathers
basking in the glory of their newborn sons
I was grinnin' from ear to ear!

One day, my soul just opened up
I started laughing
and I laughed for what seemed like forever
wasn't nothin' particularly funny goin' on
but I laughed anyhow
I laughed the joy of a million children playin'
in the mud
I laughed 'til my sides ached

Oh God! It felt so good!

One day, my soul just opened up
There were revelations, annihilations, and resolutions
feelings of doubt and betrayal, vengeance and forgiveness
memories of things I'd seen and done before
of places I'd been, although I didn't know when
there were lives I'd lived
people I'd loved
battles I'd fought
victories I'd won
and wars I'd lost.

One day, my soul just opened up
and out poured all the things
I'd been hiding
and denying
and living through
that had just happened moments before

One day, my soul just opened up
and I decided
I was good and ready!
I was good and ready
to surrender
my life
to God.

So, with my soul wide open,
I sat down
wrote Her a note
and told her so.

Gemmia L. Vanzant

MEDITATION JOURNAL

1. After reading today's commentary, I realize

2. The key phrase(s) I want to remember and work with today are

3. I was not able to meditate today because

4. When I can't meditate I feel

5. When I meditated I felt

6. The reason's I should meditate are

Self Assessment:

1. What is it about you that makes you feel bad/good about yourself.

2. How does this relate to your intimate relationships. When are you feeling empowered and when are you feeling weak.

3. Explore some ways of taking care of yourself to assist in you feeling empowered.

Session 2

Self-Esteem

In the infinity of life where I am,
All is perfect, whole and complete.
Change [illegible] life. I welcome change.
I am willing to change. I choose to change my thinking.
I choose to change the words I use.
I move from the old to the new with ease and with joy.
It is easier for me to forgive than I thought.
Forgiving makes me feel free and light.
It is with joy that I learn to love myself more and more.

In the infinity of life where I am,
All is perfect, whole, and complete.
Change is the natural law of my life. I welcome change.
I am willing to change. I choose to change my thinking.
I choose to change the words I use.
I move from the old to the new with ease and with joy.
It is easier for me to forgive than I thought.
Forgiving makes me feel free and light.
It is with joy that I learn to love myself more and more.

The more resentment I release, the more love I have to express.
Changing my thoughts makes me feel good.
I am learning to choose to make today a pleasure to experience.
All is well in my world.

Deserving Your Good

Do you believe that you deserve to have your desire? If you don't, you won't allow yourself to have it. Circumstances beyond your control will crop up to frustrate you.

Exercise: I Deserve

Look in your mirror again, and say, "I deserve to have or be __________________________, and I accept it now." Say it two or three times.

How do you feel? Always pay attention to your feelings, to what is going on in your body. Does it feel true, or do you still feel unworthy?

If you have any negative feelings in your body, then go back to affirming, "I release the pattern in my consciousness that is creating resistance to my good." I deserve _____________________________."

Repeat this until you get the acceptance feelings, even if you have to do it several days in a row.

Session 3

BEHAVIOR MODIFICATION

Behavior modification scenarios

1. Larry the Lover:

   Larry goes out on a date with Sybil. They go to an expensive restaurant, movie, and then out for a cup of coffee. Larry takes Sybil back to his apartment. He lights some candles, plays some sexy jazz music, and pours the wine. Things start to get pretty heated up and could get out of control. Sybil stops Larry right in the middle of a kiss and starts to open her mouth to say something. Larry says "I got you covered". Although that's not what she wanted to say to him, she relaxes back on the couch anyway.

Questions:

1. Do you think Sybil behaves differently when she is under the influence of alcohol.
2. Do you think Sybil should have disclosed her HIV status? Since Larry said what he said should she not worry about it cause they will use a condom?
3. How could Sybil have planned this night differently.
4. How should Sybil tell Larry about her HIV status.

2. Kevin has decided to inform his family of his HIV status. Kevin comes from a very religious family and out of the five siblings he is the only one that is gay. His family has never acknowledged his homosexuality or his HIV status. Kevin has had several bouts with substance abuse and depression. His family is aware of these hospitalizations.

COST BENEFIT ANALYSIS:

What's working for you about what you're doing now?

What are you doing now that you'd like to change?

What's the hardest (scariest; worst; most difficult) part about changing?

What might be good about changing this?

CAPACITY BUILDING:

What will be the most difficult part of this for you?

How have you handled a similar situation in the past?

What support will you need you need to do this differently?

When would you like to set a goal for doing this?

Outline

HIV Basics and Safer Sex Negotiation

Triggers and Trigger Management (Self Negotiation)

Self Esteem

Acceptance and Disclosure (previously called Behavior Modification)

Wellness
  - Safer Sex Maintenance
  - Self Advocacy being informed patient
  - Mental Health
  - Recovery (?)

Coping Skills

1. ***Explain how you felt when you disclosed your HIV status to someone?***

2. ***What are some things that you did to cope with this situation after it was over?***

3. ***Discuss some destructive ways in which you have coped with certain situations?***

4. ***What/Who would assist you in coping with situations where you are not comfortable?***

Unconditional Love

1. I congratulate myself for being able to express UNCONTIONAL LOVE today when:

2. I acknowledge that I have been placing conditions on love by:

3. I am willing to experience UNCONTIONAL LOVE in all areas of my life because:

POSITIVE IMPACT'S RISK REDUCTION PROGRAM CURRICULUM

The overall objective of Positive Impact's Risk Reduction program is to work with clients who are identified HIV+ or are at high risk for HIV and/or other sexually transmitted infections. For those who are infected with HIV, support will be provided for the reduction in unsafe sexual practices and/or needle sharing behaviors as well as a focus on increased communication and negotiation skills with regard to disclosure and safer sex. In order to effectively implement this intervention, will be essential to interface with other agencies in metropolitan Atlanta to provide a "stop-gap" service to those who are at highest-risk and who could benefit from in-depth prevention work.

The intervention will focus on issues essential to reducing the client's risk of participating in behaviors likely to result in HIV re-infection or transmission. Some of these issues will be related to **setting boundaries, gender roles, honoring differences, coping skills, and recovery and safer sex.** This will help to create a sense of community to raise the consciousness, enhance pride, increase support, share experiences, and promote the welfare of all participants.

Prior to the first session, the Risk Reduction Counselor and/or intern will encourage clients to set up ground rules the beginning of the first session. This allows everyone to know what is appropriate to do and say. The purpose of this is to enhance the client's comfort level, and to ensure safety within the group so clients may share more openly. The clients will need to come to agreement on all the rules.

✓ Ground Rules that may be considered:
✓ Confidentiality
✓ Respect for others' opinion and ideas
✓ Respect each other's sexual habits
✓ Commitment
✓ Timeliness
✓ Participation
✓ Completion of assignments
✓ Being non-judgmental

(SESSION 1): Overview of intervention and the administration of Pre-test Sexual Behavior Inventory

Discussion: HIV 101, Negotiation skills

Clients will discuss the disease process and the impact it has on the body. They will learn negotiation skills to promote safe sex decision-making. Clients will participate in role-playing to demonstrate techniques of safe negotiation and disclosure. Clients will be given alternative resources to assist them when making the decision to negotiate or disclose.

(SESSION 2): Discussion: Behavior Modification

Clients will discuss the importance of how gender may be viewed socially and the impact this may have on behavior. They will explore the issue of how self-value and self-esteem may play a role in destructive behavior and decision making. Clients will be given tools such as meditation, relaxation, and exercise techniques to assist in building positive self esteem and self-worth.

(SESSION 3): Discussion: Self-Esteem

Clients will discuss their differences and likenesses and process what it feels like as they honor who they are in their lives. They will learn how to acknowledge that past experiences may play a role in addictive behaviors. They will learn how to embrace diversity as it relates to culture, sex, and race. The purpose is to empower clients to create change so they may develop healthy attitudes as it relates to substance abuse and HIV.

(SESSION 4): Discussion: Coping skills

Clients will discuss how HIV/AIDS affects the body, the interaction of medications, and the importance of medication compliancy. Clients will learn the stages of grief according Ross and the role this may play in behavior. Role-plays will be performed to encourage clients to verbalize how their life and relationships have changed and work to develop positive coping skills. Clients will be encourage to access mental health counseling to assist in further developing of these skills.

(SESSION 5): Discussion: Safer Sex

Clients will be introduced to safer sex techniques to assist in healthy decision making. They will learn the adverse affects of drugs and alcohol as it relates to decision making and the disease process. They will be encouraged to develop and utilize plan of action when in compromising situations through role-plays. Safe sex kits, which contain condoms, dental dams, flavored condoms/lube, and other safe sex materials, will be distributed.

Administration of Post Sexual Behavioral Inventory and Certificate of Completion

SESSION 1: HIV 101 and Negotiation

Clients will discuss the disease process and the impact it has on the body. They will learn negotiation skills to promote safe sex decision-making. Clients will participate in role-playing to demonstrate techniques of safe negotiation and disclosure. Clients will be given alternative resources to assist them when making the decision to negotiate or disclose.

Goals:

- Provide clients with accurate and factual information about HIV/AIDS and its relation to the disease process
- Provide clients with accurate and factual information regarding safer sex practices
- Provide clients with accurate and factual information regarding safe needle use
- Provide clients with tools and resources to assist in disclosure.

Objectives:

- To enhance clients knowledge concerning infection of other and re-infection of self with other strands of HIV or other Sexually Transmitted Infections (STI's)
- To resolve myths or misconceptions regarding HIV transmission and re-infection
- Increase clients knowledge in identifying barriers to having safe, healthy sexual relationships

Activities:

- Program overview and purpose
- Introductions of PI Staff (Risk Reduction Counselor and/or Intern)
- Create ground rules and participant expectations
- Explanation of Sexual Behavior Inventory then, administer
- Group discussion: HIV 101 and Negotiation

Activities Risk Assessment

Materials:
Distribute personal value and self-esteem worksheet.Sexual ~~Behavioral Inventory~~ry, HIV curriculum, STD pamphlet,
Articles on: *"Safer Sex Guidelines," "Rethinking Re-Infection: If You're Already HIV-Positive, Is there Any Point in Using Condoms?"*

Add text to Window Period explanation

SESSION 2: Acceptance and Disclosure

This session will address the issue of self-love and self-protection and how this may play a role in behavior. Clients will discuss the importance of coming to terms with their HIV status, depersonalizing rejection, and discovering safe ways of disclosing to their partner(s), family, friends, work, etc.

Goals: provide clients guidance and support ~~to~~ in

- To provide clients ~~accurate and factual information on~~ disclosing to potential sex and needle sharing partners in a safe and supportive environment
- ~~Increase client's ability to engage in health-promoting decision-making concerning safer sex~~

Objectives:

-
- .

Activities and Materials:
Reading of positive affirmation and handout given. Review disclosure laws and give legal resources to clients. Self-esteem and self-worth pamphlets handouts distributed.

Discuss and handout fact sheet: *"Levels of Risk of Sexual Behaviors According to Current Knowledge*" Articles: *"Disclosure: Who should I tell?,"* and "*Making the decision to disclose your status."* After discussion, process with clients some issues/concerns they may have encountered as it relates to disclosure to potential sex partner(s), family, friends, etc and views on gender and the role this plays in behavior.

At the conclusion, have group process their feelings relating to the discussion.
Also, distribute *Cost Benefit Analysis Worksheet* for clients to complete as homework for **Session 3: "Gender Specific Issues."** Clients should be able to talk about their goals and expectations then discuss with group.

SESSION 3: SELF-ESTEEM

Clients will discuss difficulties/challenges to setting boundaries in relation to self-care and addictive behaviors. They will also discuss issues as it relates to gender roles and sexual decision making.

Goals:

- To support clients in making healthy sexual behavioral choices.

Objectives:

- To support clients in looking at gender roles and to specify those with which they identify.
- To support clients in identifying situations in which they give their power away to sexual partners.
- To support clients in identifying situations in which they feel they have power over their sexual partners.
- To support clients in identifying barriers to having healthy, safe, sexual relationships.

Materials:
Warning Signals Worksheet

After demonstration and discussion has concluded, distribute handouts on *"Safer Sex Practices" and "What is Safer Sex*" for clients to have for further information.

At the conclusion, have group process their feelings relating to the discussion and allow additional opportunity for peer mentor to share if necessary.

SESSION 4: COPING SKILLS

Clients will discuss their differences and likenesses and process what it feels like as they honor who they are in their lives. The purpose is to support clients in creating change so they may develop healthy attitudes and coping skills as it relates to substance abuse and HIV.

Goals:

- To support clients in honoring who they are in their lives.
- To support clients in creating personal change so they may develop healthy attitudes and coping skills to deal with addiction and HIV.
- To assist the client in acquiring positive, healthy coping skills that will give insight into their inner feelings and asking others for what they need in order to negotiate safer sex.
- To assist clients in identifying unhealthy relationships.

Objectives:

- Recognize areas of client's strengths and weaknesses and develop healthy coping skills in deficit areas in relation to negotiating sexual relationships.
- Recognizing consequences of relinquishing to, and making decisions our low self-esteem.
- Increase client skills in enhancing personal power so they may initiate dialogue with potential sex partners regarding safer sex.

Activities:
UP/DOWN Exercise
The Risk Reduction Counselor and/or Intern will facilitate the exercise in the clients will participate by standing up when each statement read pertains to them. The exercise will include race, ethnicity, religious affiliation, geographic location (where you were born, where you grew up), handicaps, family of origin, birth order, sexual orientation, class, education, etc. The purpose of their exercise is to give clients the opportunity to see their likenesses and their differences and to process what this feels like

My Own Uniqueness Worksheet
The Risk Reduction Counselor and/or Intern will distribute the exercises for clients to complete. The group will then process their answers and share them. The Risk Reduction Counselor and/or Intern will then process with clients how they are alike and how they found themselves different.

Materials:
Risk Reduction Counselor and/or intern will distribute *My Own Uniqueness Worksheet* for discussion and *Self-Esteem* and *Personal Power* worksheets homework.
At the end of the session, distribute **"We are the Ones We've Been Waiting For"** for meditation and closure.

SESSION 5: SAFER SEX & WELLNESS STRATEGIES

Clients will discuss how HIV/AIDS affects the body, the interaction of medications, and the importance of mental health/substance abuse and HIV. It is essential for participants to receive this information as it relates to issues of re-infection, transmission, and recovery.

Goals:

- To provide clients with accurate and factual information on understanding HIV and treatment and its relation to substance use and the importance of maintaining recovery.

Objectives:

- To enhance client's knowledge of HIV treatments, mental health, and substance use.
- To identify the skills needed in choosing safer sex as a method of disease prevention
- Increase client's ability to negotiate about safer sex
- To develop more positive attitudes toward using condoms

Activities:
Risk Reduction Counselor and/or Intern will show video on "HIV treatment issues" (courtesy of Glaxo SmithKline) if site does not have TV/VCR, then utilize Agouron/Pfizer's "It's Just Like Me" teaching model will be used.

At the conclusion of video and/or model, have clients process the information they've reviewed.

Materials:
Risk Reduction Counselor and/or Intern will demonstrate the proper use of the male/female condoms and dental dams. Let those who are comfortable demonstrate (it would be useful to go around the room to see who is having difficulty using them appropriately). Handout fact sheets on *"Taking AIDS Drugs the Right Way" "Dealing with Drug Side Effects," "Mental Health," "Recreational Drugs and HIV."*

SESSION 8: SAFER SEX & WELLNESS STRATEGIES

Clients will discuss how HIV/AIDS effects the body, the interaction of medications and the importance of mental health/substance abuse and HIV. It is essential for participants to receive this information as it relates to issues of re-infection, transmission, and recovery.

Goals:

- To provide clients with accurate and factual information on understanding HIV and treatment and its relation to substance use and the importance of maintaining recovery.

Objectives:

- To enhance client's knowledge of HIV treatments, mental health, and substance use
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Activities:

Risk Reduction Counselor and/or Intern will show video on "HIV treatment issues (courtesy of Glaxo SmithKline) if site does not have TV/VCR, the outline Anatomy Guide's "*It's Just Like Me*" teaching model will be used.

At the conclusion of video and/or model, have clients process the information they've received.

Materials:

1. Risk Reduction Counselor and/or Intern will demonstrate the proper use of the male/female condoms and dental dams. For those who are comfortable, demonstrate (it would be useful to go around the room to see who is having difficulty using them appropriately). Handout fact sheets on: "*Taking AIDS Drugs the Right Way*," "*Dealing with Drug Side Effects*," "*Mental Health*," "*Recreational Drugs and HIV*."

SESSION 6: Administration of Post Sexual Behavioral Inventory and Certificate of Completion

Goals:

- Have exit interview with clients and recommend for further therapy, individual and/or group, as well as Peer Mentor contact, if applicable.

Objectives:

- Triage clients into ongoing therapy support group and/or individual therapy at Positive Impact.

Activities and Materials:

Risk Reduction Counselor and/or intern will distribute post sexual behavior inventory, distribute and discuss exit interview form to clients for the purpose of facilitating triage into Positive Impact's individual and/or other group therapy.
Lastly, clients will receive program certificates of completion.

Tools to be used in sessions:

- Beginning of each session open with positive affirmation from african priciples and a poem of +affirmation. Iyanla vanzant, jovan, and miracle of life books to be used.
- Ground rules: get a ball and no talking unless u have the ball. Respect each other at all times and what the person is saying. No such thing as a stupid, dumb, or unnecessary question.
- What is self esteem definition from adolescent curriculum
- Binders for each individual with name on front. Each section will have a heading ie, session 1 hiv 101. Each sections materials will be distributed during session

HIV 101 Pre-Test

1. HIV stands for
   a. Human Immunodeficiency virus
   b. Health Interest and Vitality
   c. Human Immune Vitamin
2. Which population has increased in the number of HIV cases
   a. men
   b. children
   c. women
3. Reasons to consider disclosing to friends, family, and partners is
   a. to create a positive support system
   b. to provide education to further decrease the spread of HIV
4. Which of the following is a mode of transmission of HIV?
   a. sharing injection drugs
   b. having unprotected sex
   c. both a and b
5. A positive HIV test means a person
   a. will get AIDS within the next five years
   b. is infected with HIV
   c. has AIDS
6. Which of these fluids contain HIV
   a. blood
   b. semen
   c. both a and b
7. A person is required by law to inform their partners of their infection
   a. true
   b. false
8. Taking medications can cure HIV
   a. true
   b. false
9. Which one of these STDs (sexually transmitted diseases) ***can*** be cured
   a. herpes
   b. syphilis
   c. HIV
10. Sexually Transmitted Diseases can be transmitted through casual contact
    a. True
    b. False

Behavior Modification Pre-Test

1. You should practice safe sex
    a. only if your partner is negative
    b. always
    c. only if your partner is positive
2. If a person wants to have unprotected sex
    a. you insist on using a condom
    b. you take the chance, after all they must know what they are doing
    c. you encourage them to do other sexual things
3. Once you have had unprotected sex with someone you
    a. continue to take a chance
    b. can start to use a condom
    c. stop seeing them
4. Under the influence of drugs/alcohol I am most likely to
    a. make sound decisions about sex
    b. make decisions about sex that I would regret
    c. not participate in any sexual behavior
5. Gay men are very reckless when it comes to sex
    a. true
    b. false
6. If a person uses a condom, then this means you can't trust them.
    a. true
    b. false
7.

Self Esteem Pre-Test

Coping Skills Pre-Test

Coping Skills Pre-Test

Safer Sex Pre-Test

Session 1 Outline

I. Open session
  - a. Distribute materials to be used during sessions. Inform clients to bring/use materials throughout the five week period
    1. binders/journals
    2. pens/pencils
    3. handouts/literature on HIV, curriculum, disclosure laws, confidentiality, and safe sex kits
  - b. Read opening proverb as a group
  - c. Distribute Pre-Test to be taken during the following exercises

II. Introduction
  - a. Introduce staff person and give brief history of agency
  - b. Discuss the goal/importance of the risk reduction program
  - c. Get acquainted session (to allow participants and staff to get to know each other)

III. Development of Ground Rules & Expectations
  - a. Go over ground rules with participants and allow them to have input in the development of additional rules
  - b. Display ground rules to use for reference throughout sessions and enclose a copy in front of binder
  - c. Inform clients of consequences of continuously breaking rules

IV. Setting boundaries
  - a. HIV/AIDS education presentation (not including safer sex demonstration) with emphasis on infecting others/reinfection
  - b. Ask clients to discuss what does it mean to set boundaries
  - c. How can this be effective in their lives w/w-out HIV
  - d. Discuss the meaning of disclosure and it's relevance to spreading HIV and reinfection
  - e. Set up role-plays with participants
  - f. Assist participants in developing positive plans of action when in difficult situations relative to disclosing or safer sex
  - g. At the end of each session give homework encouraging participants to write thoughts/feelings about today's session and the affect/effect it had on them. If they have a partner have them discuss it with them and write the response

Session 2 Behavior Modification

I. Open
  a. Distribute materials to be used during session
  b. Read opening proverb as a group
  c. Distribute Pre-Test

II.

WELCOME

A RISK REDUCTION PROGRAM BASED UPON A PATH OF PEOPLE EMBRACING RECOVERY

You are invited to become part of the collective wisdom and healing force of people embracing and caring for themselves. This is a support group for reducing the risk of self harm and harm to others in relation to using drugs and sex as a way of getting our needs met.

We are using a collection of concepts based upon information designed to help people who have been affected by addiction, co-dependency, and internalized hatred. The group will focus on unhealthy behaviors that we may engage in as a result of what we have been taught, our environments, or because of a society that does not fully embrace who we are. These sessions are designed to empower people to find their own voices, sources of strength, and to discover their spirituality.

The goal of the program is to give individuals the safety to tell their stories, embrace their strengths and to set goals to develop coping skills that will enhance areas of their lives.

The facilitator is here to help guide you through the process of the program. Everyone will be treated with respect and dignity and will be asked to do so of others in the group.

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2. There are no ***Right or Wrong*** answers.

3. Everyone has the right to PASS on a question.

4. Confidentiality: People may talk about what they are learning in the group, but not about other people. What is said in the room stays in the room. The level of trust in the group depends upon it.

5. Respect each others opinions, ideas, sexual orientation, and sexual habits.

6. Commitment: If you give the program a chance you will find some of the material helpful. You won't know this if you don't come with an open mind. Take what you can use and leave the rest but we would rather you pass it on. Remember knowledge is power.

7. NO Cross Talk: ONLY THE PERSON WITH THE BALL CAN TALK. Listen and learn from the thoughts, feelings, and experiences of group members. Before and after the meeting you may talk to each other and share your feelings.

8. We are here to have fun and you can help with this by participating. What you have to say is important. This also involves completing homework assignments. (if you are having difficulty with this please tell the facilitator)

9. We are here to support and build self-esteem. This does not involve being mean or judgmental.

10. TCOY: (Take Care Of Yourself) We are here to enhance your quality of life. If you need something from us please let us know, this is your group and we want you to feel comfortable.

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Session 1

HIV 101 and NEGOTIATION SKILLS

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and things started happenin'
things I can't quite explain
I mean
I cried and cried like never before
I cried tears of ten thousand mothers
I couldn't even feel anything because
I cried 'til I was numb.

One day, my soul just opened up
I felt this overwhelming pride
what I was proud of
only GOD knows!
Like the pride of a hundred thousand fathers
basking in the glory of their newborn sons
I was grinnin' from ear to ear!

One day, my soul just opened up
I started laughing
and I laughed for what seemed like forever
wasn't nothin' particularly funny goin' on
but I laughed anyhow
I laughed the joy of a million children playin'
in the mud
I laughed 'til my sides ached
Oh God! It felt so good!

One day, my soul just opened up
There were revelations, annihilations, and resolutions

feelings of doubt and betrayal, vengeance and forgiveness
memories of things I'd seen and done before
of places I'd been, although I didn't know when
there were lives I'd lived
people I'd loved
battles I'd fought
victories I'd won
and wars I'd lost.

One day, my soul just opened up
and out poured all the things
I'd been hiding
and denying
and living through
that had just happened moments before

One day, my soul just opened up
and I decided
I was good and ready!
I was good and ready
to surrender
my life
to God.

So, with my soul wide open,
I sat down
wrote Her a note
and told her so.

Gemmia L. Vanzant

MEDITATION JOURNAL

1. After reading today's commentary, I realize

2. The key phrase(s) I want to remember and work with today are

3. I was not able to meditate today because

4. When I can't meditate I feel

5. When I meditated I felt

6. The reason's I should meditate are

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Session 2

Self-Esteem

In the infinity of life where I am,
All is perfect, whole and complete.
Change is the natural law of my life. I welcome change.
I am willing to change. I choose to change my thinking.
I choose to change the words I use.
I move from the old to the new with ease and [illegible]
It is easier for me to forgive than I thought.
Forgiving makes me feel free and light.
It is with joy that I learn to love myself more and more.
The more resentment I release, the more love I have to express.
Changing my thoughts makes me feel good.

In the infinity of life where I am,
All is perfect, whole, and complete.
Change is the natural law of my life. I welcome change.
I am willing to change. I choose to change my thinking.
I choose to change the words I use.
I move from the old to the new with ease and with joy.
It is easier for me to forgive than I thought.
Forgiving makes me feel free and light.
It is with joy that I learn to love myself more and more.
The more resentment I release, the more love I have to express.
Changing my thoughts makes me feel good.

I am learning to choose to make today a pleasure to experience.
All is well in my world.

Deserving Your Good

Do you believe that you deserve to have your desire? If you don't, you won't allow yourself to have it. Circumstances beyond your control will crop up to frustrate you.

Exercise: I Deserve

Look in your mirror again, and say, "I deserve to have or be ________________________, and I accept it now." Say it two or three times.

How do you feel? Always pay attention to your feelings, to what is going on in your body. Does it feel true, or do you still feel unworthy?

If you have any negative feelings in your body, then go back to affirming, "I release the pattern in my consciousness that is creating resistance to my good." I deserve ___________________________."

Repeat this until you get the acceptance feelings, even if you have to do it several days in a row.

Session 3

BEHAVIOR MODIFICATION

Behavior modification scenarios

1. Larry the Lover:

Larry goes out on a date with Sybil. They go to an expensive restaurant, movie, and then out for a cup of coffee. Larry takes Sybil back to his apartment. He lights some candles, plays some sexy jazz music, and pours the wine. Things start to get pretty heated up and could get out of control. Sybil stops Larry right in the middle of a kiss and starts to open her mouth to say something. Larry says "I got you covered". Although that's not what she wanted to say to him, she relaxes back on the couch anyway.

Questions:

1. Do you think Sybil behaves differently when she is under the influence of alcohol.
2. Do you think Sybil should have disclosed her HIV status? Since Larry said what he said should she not worry about it cause they will use a condom?
3. How could Sybil have planned this night differently.
4. How should Sybil tell Larry about her HIV status.

2. Kevin has decided to inform his family of his HIV status. Kevin comes from a very religious family and out of the five siblings he is the only one that is gay. His family has never acknowledged his homosexuality or his HIV status. Kevin has had several bouts with substance abuse and depression. His family is aware of these hospitalizations.

Modifying sexual values.

Are there things you would like to change in your attitudes and values toward intimacy and your sexuality?

It may be time for you to explore your current set of sexual values to see if they fit comfortably into your entire value system. Perhaps you may wish to discuss areas with which you are uncomfortable with friends, your partner, a counselor, or a member of the clergy.

Sexual values need not be rigid. If you wish to change your sexual attitudes, you can over a period of time. The first step is discovering in an honest and thorough manner your current beliefs. Getting comfortable and knowledgeable with where you are will allow you to gradually change your values as you desire. Professional help is available if you wish further assistance.

What values and attitudes about your sexuality would you like to change?

Changing sexual behavior.

The other half of the equation deals with the changing of sexual behavior. Often chemically dependent people find themselves paying a huge price for sexual behavior which conflicts with their own values. Their actions may be impulsive and irresponsible. Their actions may be harmful to others. They may be costly. The behavior may be dangerous to their health or the health of others.

Changing of inappropriate sexual behavior, as in the changing of other chemically dependent behaviors, may be achieved through following the Twelve Step program of Alcoholics Anonymous and other groups or therapy.

What sexual behaviors would you like to change?

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"High" sex.

Another challenge which many chemically dependent people must face is experiencing sexual satisfaction without the use of alcohol or other drugs.

For some chemically dependent people, it has been many years since they experienced sexual relationships without the assistance of their drug.

The reason for this link may vary:

— fear of rejection

— fear of poor performance

— heighten the sexual experience

— hide from guilt

— pressure of sexual partner

For those chemically dependent people who have had a close link between sex and "getting high," sober sex may be a frightening thing to anticipate. Initial experiences with sex without alcohol or drugs may be disappointing. Craving for alcohol, pot or cocaine before, during or immediately after a sexual experience may become intense. Your ability to have an erection or orgasm may also be impaired.

Another aspect to consider is your sexual partner. Is he or she dependent on alcohol for sexual activity as well? Has your old sexual behavior caused feelings of anger or disappointment in your partner? Can your partner share your desire to experience sober sex? Are you able to discuss your feelings of fear or apprehension with your sexual partner? Can you be sensitive to his or her feelings?

With time, love, effort and understanding almost all recovering chemically dependent people can experience a gratifying sexual relationship based on a healthy foundation of sobriety.

Sober sex becomes the best "high" of all.

✎ Was there a close link between the "sexual you" and your use of alcohol and drugs? Describe the relationship.

©1995 Serenity Support Services, Inc.

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- partner using
- old sex feelings
  caused feelings of anger
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HUGS Recovery Centers
1151 Cleveland Ave Suite B
East Point, GA 30344

LETTER OF AGREEMENT

THIS LETTER OF AGREEMENT is being entered into by Positive Impact, Inc., 159 Ralph McGill Blvd., Suite 605, Atlanta, Georgia 30308 (hereinafter referred to as "Positive Impact"), and between HUGS Recovery Centers 1151 Cleveland Ave, Suite B, East Point, Georgia 30344, and is effective October 28, 2002, upon execution by both parties. This Letter of Agreement shall hereinafter be referred to as "Letter" or "Letter of Agreement".

Purpose:

The purpose of this Letter of Agreement is to guide and direct the parties respecting their affiliation and working relationship. The principal objective shall be to:

- Enter into a collaborative relationship to provide risk reduction services to client's participating in HUGS Recovery Centers.

Term:

This Letter of Agreement shall commence on October 28, 2002, and end no sooner then December 31, 2002. Thereafter the term shall be extended for a period mutually agreed upon by HUGS Recovery Centers and Positive Impact.

Responsibilities:

A) HUGS Recovery Centers shall continue to refer clients to the on-site bi-weekly risk reduction group series provided by Positive Impact, including:
    1) Provide meeting space for the risk reduction group.
    2) Identify contact staff person responsible for providing meeting space, access and communication with Positive Impact group facilitators

B) Positive Impact shall continue to provide risk reduction services to HUGS Recovery Centers clients as needed and requested, including:

    1) On-site bi-weekly 1.5 hour Risk Reduction group series over the course of 9 weeks for HUGS Recovery Center clients who will need to attend five consecutive sessions.

Notices:

All notices or demands required under this Letter of Agreement shall be in writing and shall be deemed to have been duly given when:
1) Physically received in hand by the party to whom directed, or:
2) When sent by certified U.S. Mail, return receipt requested, postage prepaid, to the other party at the address (or at such other addresses given in writing by either party to the other);

If to Positive Impact:
Paul L. Plate
Executive Director
828 W. Peachtree Street, NW, Suite 200
Atlanta, GA 30308

If to HUGS Recovery Centers:
Derrick Billingslea
Executive Director
HUGS Recovery Centers
1151 Cleveland Ave, Suite B
East Point, GA 30344

Confidentiality:

Positive Impact and HUGS Recovery Centers both agree to abide by all state and federal laws, rules and regulations respecting the confidentiality of the individual. Both parties agree not to divulge any information concerning any client to any unauthorized person without written consent of the client or responsible parent or guardian.

Entire Understanding:

This Letter of Agreement sets forth the entire agreement between the parties and supersedes all prior oral and written understandings, representations and discussions between the parties respecting the subject matter of this Letter.

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures on the date indicated to signify their acceptance of the Letter of Agreement.

for HUGS Recovery Centers, Inc.

Derrick Billingslea
Executive Director
HUGS Recovery Centers

Date

Attest

for Positive Impact, Inc.

Paul Plate
Executive Director
Positive Impact

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Attest

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Positive Impact

How Risky Is It? an activities risk assessment

Rate the risk of getting HIV from each act 1= lowest; 10= highest

Going down on a woman (cunnilingus) 1...2...3...4...5...6...7...8...9...10

Kissing 1...2...3...4...5...6...7...8...9...10

Giving head to a man (fellatio) 1...2...3...4...5...6...7...8...9...10

Having sex when you're high 1...2...3...4...5...6...7...8...9...10

Fisting 1...2...3...4...5...6...7...8...9...10

Being penetrated (receptive anal sex) 1...2...3...4...5...6...7...8...9...10

Sex during period 1...2...3...4...5...6...7...8...9...10

Sharing needles 1...2...3...4...5...6...7...8...9...10

Penetrating someone (vaginal sex) 1...2...3...4...5...6...7...8...9...10

Being in a 3-way (menage a trois) 1...2...3...4...5...6...7...8...9...10

Tossing salad (licking someone's butt) 1...2...3...4...5...6...7...8...9...10

Fingering someone 1...2...3...4...5...6...7...8...9...10

Being fingered 1...2...3...4...5...6...7...8...9...10

Sharing toys (dildo, silver bullet) 1...2...3...4...5...6...7...8...9...10

Being penetrated (vaginal sex) 1...2...3...4...5...6...7...8...9...10

Licking someone's balls 1...2...3...4...5...6...7...8...9...10

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He who does not cultivate
his field will die of hunger.

Self Assessment:

1. What is it about you that makes you feel bad/good about yourself.

2. How does this relate to your intimate relationships. When are you feeling empowered and when are you feeling weak.

3. Explore some ways of taking care of yourself to assist in you feeling empowered.

My Beliefs

As a child I learned to believe the following about each group listed below:

WOMEN-

MEN-

AFRICAN AMERICANS-

WHITE AMERICANS-

POOR PEOPLE-

PEOPLE WITH DISABILITIES, OR INCURABLE DISEASES-

GAYS/LESBIANS/BISEXUAL PERSONS-

WHAT IMAGES DO THE FOLLOWING WORDS BRING TO MIND FOR YOU?

Racism-

Anti-Semitism-

Homophobia-

Sexism-

Do you feel that your life has been affected in any way by any of the above phenomena?

If so, how?

One day, my soul just opened up
and things started happenin'
things I can't quite explain
I mean
I cried and cried like never before
I cried tears of ten thousand mothers
I couldn't even feel anything because
I cried 'til I was numb.

One day, my soul just opened up
I felt this overwhelming pride
what I was proud of
only GOD knows!
Like the pride of a hundred thousand fathers
basking in the glory of their newborn sons
I was grinnin' from ear to ear!

One day, my soul just opened up
I started laughing
and I laughed for what seemed like forever
wasn't nothin' particularly funny goin' on
but I laughed anyhow
I laughed the joy of a million children playin'
in the mud
I laughed 'til my sides ached
Oh God! It felt so good!

One day, my soul just opened up
There were revelations, annihilations, and resolutions
feelings of doubt and betrayal, vengeance and forgiveness
memories of things I'd seen and done before
of places I'd been, although I didn't know when
there were lives I'd lived
people I'd loved
battles I'd fought
victories I'd won
and wars I'd lost.

One day, my soul just opened up
and out poured all the things
I'd been hiding
and denying
and living through
that had just happened moments before

One day, my soul just opened up
and I decided
I was good and ready!
I was good and ready
to surrender
my life
to God.

So, with my soul wide open,
I sat down
wrote Her a note
and told her so.

Gemmia L. Vanzant

TRIGGERNOMETRY

List any risky behaviors	List any moods, situations, people, locations, or actions that may contribute to these risky behaviors

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If so, how?

behavioral intent with regard to addiction-related behaviors and possible HIV transmission. This evaluation will be completed prior to the beginning of the intake session and will be re-administered following the risk reduction intervention. (This instrument is undergoing significant revisions to accommodate current research, and will be available prior to program implementation.) Following the intake, clients who present issues appropriate for the risk reduction intervention will be enrolled into the group component of the intervention.

2. Group Level Intervention: Positive Impact will continue the psychoeducational and skills-building group intervention facilitated by the Coordinator of Prevention Services. The group intervention will consist of a five-week group process. The five group sessions will repeat following the completion of the five-week cycle, enabling all clients to enter the group at any point throughout the year. The groups will be facilitated primarily by the Coordinator of Prevention Services and co-facilitated by graduate student interns and volunteer mental health providers. The group will focus on issues essential to reduce the risk of participation in behaviors likely to result in HIV transmission or HIV re-infection. Each two-hour group will focus on the following issues:

    a. **Setting Boundaries.** The first group will involve a discussion of the challenges that clients experience with regard to setting boundaries for self-care through sexual decision-making, including condom use and negotiating safer sex. Included in this discussion will be the physiological aspects of HIV including demonstration of condom use, role plays of safer sex negotiation, and discussion of the continuum of safer sex behavior related to transmission risk.

Move to b?

b. **Gender Specific Issues.** The second group will address the role of cultural and gender role norms as they affect the individual with regard to self-esteem and intracultural identity, and how these issues are specifically relevant to women and to men. Issues to be addressed will include sexual autonomy for women, the role of social constructs of masculinity and femininity, the level of promiscuity in some gay subcultures, and how these impact safer sex behaviors.

c. **Honoring Differences.** In group three, the facilitator will discuss aspects of oppression such as homophobia, racism, and sexism, and how this disenfranchisement contributes to lowered self-esteem. This lower self-esteem is correlated with lower self-efficacy, negatively impacting safer sex decision-making. By increasing the level of self-efficacy, participants will be empowered to create change in their own cognitions and behaviors as related to safer sex.

d. **Psychosocial Impact.** The fourth group will focus on the emotional and interpersonal processes that are affected by HIV. Within the framework of Kubler-Ross's stages of grief, participants will explore their own emotional experience of loss. Participants also will be encouraged to examine the impact of HIV on their interpersonal relationships. Clients will have the opportunity to share and learn from each other how they have successfully implemented coping skills to manage their own emotional and interpersonal challenges.

e. **Addiction, Substances, and Recovery: Safer Sex.** The final group will focus on addictive behaviors, substance use and abuse, and the recovery process, and how these issues can adversely affect the sexual decision-making process. Participants

will explore the effects substance use has had on their own sexual decisions and behaviors, and develop alternative plans of action. Examples of these plans could include relapse prevention plans and keeping a safer sex kit available. Participants will discuss the benefits of making commitments to implement these plans so that the sexual decision itself is removed from the situation, increasing the likelihood of engaging in safer sex. Safer sex kits, which will include condoms, dental dams, lubricants, and other safe sex materials, will be distributed.

3. Individual Level Psychoeducational Program: Following intake and assessment, clients will access individual level counseling if appropriate. Clients will be "matched" to a therapist based upon the client's presenting mental health issues and the expertise of the therapist. The Project Director and Coordinator of Prevention Services will coordinate this transition with the individual and the individual's mental health provider.

(3) Intervention Sites: Positive Impact collaborates with other HIV and social service agencies to implement the risk reduction program at various sites. In these instances, Positive Impact works with the agency to coordinate the facilitation of the program at the offices of the other agency. During the last program year, Positive Impact implemented the risk reduction program at multiple partner agencies. In most cases, it is important for Positive Impact to implement the program at the other agency's facilities. This facilitates attendance and participation as it reduces transportation barriers. In addition, the environment is often familiar to group participants and reduces anxiety about beginning an intensive program in an unfamiliar environment. Positive Impact staff will complete screening and intake procedures for these participants on site at the collaborating agencies. When appropriate, the risk reduction program will be implemented on-site at Positive Impact.

HOTEL MONACO
WASHINGTON D.C.

GETTYSBURG ADDRESS, EMANCIPATION PROCLAMATION,
DECLARATION OF INDEPENDENCE...WHAT'S ON YOUR MIND?

Nadine + Craig.

Thanks for the Curriculum. At first glance it looks good. Let's meet the week of Dec 10 to go over together.

Thanks

The Journey Is Everything

202.628.7177 / 877.202.5411

New Mexico **AIDS** InfoNet www.aidsinfonet.org **Fact Sheet Number 203**

TELLING OTHERS YOU'RE HIV-POSITIVE

WHAT ARE THE ISSUES?

When you test positive for HIV, it can be difficult to know who to tell about it, and how to tell them.

Telling others can be good because:

- You can get love and support to help you deal with your health.
- You can keep your close friends and loved ones informed about issues that are important to you.
- You don't have to hide your HIV status.
- You can get the most appropriate health care.
- You can reduce the chances of transmitting the disease to others.

Telling others may be bad because:

- Others may find it hard to accept your health status.
- Some people might discriminate against you because of your HIV.
- You may be rejected in social or dating situations.

You don't have to tell everybody. Take your time to decide who to tell and how you will approach them. Be sure you're ready. Remember, once you tell someone, they won't forget you are HIV-positive.

GENERAL GUIDELINES

Here are some things to think about when you're considering telling someone that you're HIV-positive:

- ***Know why*** you want to tell them. What do you want from them?
- ***Anticipate*** their reaction. What's the best you could hope for? The worst you might have to deal with?
- ***Prepare*** yourself. Inform yourself about HIV disease. You may want to leave articles or a hotline phone number for the person you tell.
- ***Get support.*** Talk it over with someone you trust, and come up with a plan.
- ***Accept*** the reaction. You can't control how others will deal with your news.

SPECIAL SITUATIONS

People You May Have Exposed to HIV: It can be very difficult to disclose your status to sexual partners or people you shared needles with. However, it is very important that they know so they can decide to get tested and, if they test positive, get the health care they need. The Department of Health can tell people you might have exposed, without using your name.

Employers: You may want to tell your employer if your HIV illness or treatments interfere with your job performance. Get a letter from your doctor that explains what you need to do for your health (taking medications, rest periods, etc.). Talk with your boss or personnel director. Tell them you want to continue working, and what changes may be needed in your schedule or workload. Make sure they understand if you want to keep your HIV status confidential.

People with disabilities are protected from job discrimination under the Americans with Disabilities Act (ADA). As long as you can do the essential functions of your job, your employer cannot legally discriminate against you because of your HIV status. When you apply for a new job, employers are not allowed to ask about your health or any disabilities. They can only legally ask if you have any condition that would interfere with essential job functions.

Family Members: It can be difficult to decide whether to tell your parents, children, or other relatives that you are HIV-positive. Many people fear that their relatives will be hurt or angry. Others feel that *not* telling relatives will weaken their relationships and may keep them from getting the emotional support and love that they want. It can be very stressful to keep an important secret from people you are close to.

Family members may want to know how you were exposed to HIV. Decide if or how you will answer questions about how you got infected.

Your relatives may appreciate knowing that you are getting good health care, that you are taking care of yourself, and about your support network.

Health Care Providers: It's your decision whether or not to tell a health care provider that you have HIV. If your providers know you have HIV, they should be able to give you more appropriate health care. All providers should protect themselves from diseases carried in patients' blood. If providers are likely to come in contact with your blood, you can remind them to put gloves on.

Social Contacts: Dating can be very threatening for people with HIV. Fear of rejection keeps many people from talking about their HIV status. Remember, every situation is different and you don't have to tell everybody. If you aren't going to be in a situation where HIV could be transmitted, there's no need to tell. Sooner or later in a relationship, it will be important to talk about your HIV status. The longer you wait, the more difficult it gets.

An HIV-Positive Child's School: It is best to have good communication about your child's HIV status. Meet with the principal and discuss the school's policy and attitude on HIV. Meet with the nurse and your child's teacher. Be sure to talk about your child's legal right to confidentiality.

GETTING HELP

You can get help with telling others about your HIV status from the counselors at the HIV anonymous test sites, or your HIV case manager.

Reviewed December 8, 2000

A Project of the New Mexico AIDS Education and Training Center. Partially funded by the National Library of Medicine and the New Mexico Department of Health
Fact Sheets can be downloaded from the Internet at http://www.aidsinfonet.org
This Fact Sheet is sponsored by the US Food and Drug Administration (FDA)

The following is the segment on "Disclosure Issues" for THRIVE! Weekend during the Sunday breakout. This will be led by David Salyer or someone trained by him.

Disclosure Issues

Presenter Guidelines

(Created by David Salyer, January 1999)

The presenter's role for the Disclosure Issues portion of THRIVE! Weekend is that of Facilitator (similar to small group leader)

Objective: This presentation should create a safe environment in which participants can freely express themselves and relate frustration, anxiety or insights about the act of disclosing their HIV status to family, friends or potential sexual partners.

Focus: Participant disclosure experiences. Facilitator should encourage the sharing of brief incidents relating to the disclosure of HIV status and how that information ultimately affected the group participant.

The facilitator will want to maintain a non-judgmental, nurturing, empathic manner, and set a conversational, informal tone.

Facilitator should validate the participants' experiences and refrain from diminishing feeling or emotions. Allow participants to feel what they feel.

Acknowledge that disclosing HIV status still carries a stigma in American society. Men are generally assumed to be gay or bisexual and promiscuous. Women are dismissed as "slutty," or sex workers. Other populations are marginalized as IV drug addicts. Remind participants that each of us living with HIV has a unique story and background and that there is no innocence or guilt in having HIV; it is a human condition.

Gently discourage participants from referring to themselves a "slut" or other disparaging labels.

Presenter/Facilitator may find it necessary to share his/her own disclosure experience if appropriate. Remember, however, that this group is a forum for the participants. Refrain from dominating the conversation or shifting the focus to yourself for long periods.

Book List (draft)

Self-Help Recovery

Heart Of The Soul	Gary Zukov
Reclaiming Your Life	Rik Isensee
A Reuturn To Love	Marianne Williamson

Faith In The Valley (Lessons for Women)
In The Meantime (Finding Yourself and The Love You Want)
Living Through The Meantime (Learning to Break Through and Begin Healing)
Everyday I Pray (Prayers for Awakening)
Until Today (Daily devotions)
Yesterday I Cried (Celebrating Lessons of Living) Iyanla Vanzant

Affirmations	Keith Boykin
Chicken Soup For The Soul	Jack Canfield and Mark Victor Hansen

Don't Sweat The Small Stuff (in Love/about Money/for Men)

HIV/Health Book List

Healing HIV-How to Rebuild Your Immune System	Jon D. Kaiser MD
The Guide to Living with HIV Infection	John Bartlett MD and Ann K. Finkbeiner
Living Well with HIV and AIDS	Allen L. Gifford et al

***GYM INFO and Other Resources

Relationships

Getting The Love You Want	Harville Hendrix Ph.D.
If A Partner Has AIDS	R. Dennis Shelby
Intimacy Between Men	John H. Driggs MSW and Stephen Finn Ph.D.
Finding Your Leading Man	Jon P. Bloch Ph.D.
Men Who Beat The Men Who Love Them	Island Letellier

Outline

HIV Basics and Safer Sex Negotiation)?

Triggers and Trigger Management (Self Negotiation) – Basics +

Self Esteem

Acceptance and Disclosure (~~previously called Behavior Modification~~)
A Support

Wellness
    Safer Sex Maintenance / P.
    Self Advocacy being informed patient
    Mental Health
    Recovery (?)

Disclosure Skills Building

Divide the group into pairs and ask them to share the moment/s when they had to disclose something difficult to someone close to them.

Encourage group to share the most difficult aspect/s about the disclosure. Ask group to explore feelings surrounding disclosing. List these on the board.

+ Think about other person & what is it about that person that makes u feel safe c̄ disclosure.

+ what does the other persons pain mean to you

Instruct the group perform role-plays depicting disclosure scenarios. Have group evaluate the role-plays and discuss techniques that are effective.

+ Rejection
+ Shame
+ Vulnerability

Might be used against u
Throw up a wall
Fear of hurting the other person
Fear of being hurt by other person

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Intimacy Inventory

List the people, places, and/or activities that bring you intimacy.

Sexual-

Emotional-

Social-

Spiritual-

Philosophical-

Intimacy Inventory

List the people, places, and/or activities that bring you intimacy.

Sexual-

Emotional-

Social-

Spiritual-

Philosophical-

Disclosure Issues
Outline

To whom do we disclose? There are generally four categories:
Friends, Family, Coworkers, Date/Potential Sexual Partners

Friends & Family
- Choosing who you want to know. Why do they need to know?
- Examine your motives. (Financial or emotional support?)
- Trust: Will they tell other friends or family members? (After telling someone, be specific about who *they* can or cannot tell.)
- Choose a time to talk. (While still asymptotic, for instance, in that way you can come from a position of strength.)
- Be prepared to educate, inform, offer resources (ASO's, hotlines).

Coworkers:
- Legally, you are under no obligation to tell coworkers.
- American with Disabilities Act (covers AIDS and HIV).
- Telling Human Resources
- Read HIV Law, by Paul Hampton Crockett or call an attorney for legal advise.
- Getting a feel for your environment and the safety of disclosing there.

Dates/Potential Sexual Partners:
- Georgia law: "an individual who know he or she is infected with HIV and knowingly engages in intercourse without telling his/her status is guilty of a felony, subject to imprisonment."
- Don't present yourself like damaged good; that's how you'll be perceived.
- Choose a place *outside* the bedroom to talk, preferably not right before, during or after sex.
- Depersonalize rejection: *they are really rejecting the virus, not you*

Other options/concerns:
- Talk to a counselor (refer them to Positive Impact or Peer Counselors)
- Come to terms emotionally with you HIV status first and build your confidence.
- Don't assume specific reactions.
- Don't think it gets easier after the first time.

Chik Pik Pak

Positive Impact, Inc. wants to provide you with options for protecting yourself against the transmission of HIV/STDs. Women can reduce the risk of HIV transmission by using various barriers. The most common barrier used are condoms, however other options include female condoms, dental dams, and finger cots. Practicing safer sex decreases the risk of transmission of HIV/STDs.

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